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|  | **FORM : FORM TO DECLARE POTENTIAL CONFLICTS OF INTERESTS** | |
| N° : AAHRPP-FORM-035  Ennov: rev  005 – PaCo: version 1.0 | | N° ENGLISH VERSION : 033 |

***"Please do take into account that this is a translation of the original French version validated in the Quality Management System (QMS) of Cliniques universitaires Saint-Luc through the software Ennov GED. Therefore in case of doubt, differences, inconsistency or discrepancy in this English version, the French version shall prevail"***

**Financial Disclosure Form by Clinical Investigators**

**Part 1: Financial Disclosure Commitment**

Name of the investigator:

Name of the Sponsor:

Commercial company responsible for the funding of the study or any of its elements (if not the sponsor):

Study:

For the period between the date of this Agreement and one year following the completion of the Clinical Trial, both Principal Investigator and all sub-investigators (henceforth referred to collectively as “Investigators”) are required to update any relevant changes in their statement of financial interests in Sponsor, and its parents or subsidiary organizations. This disclosure statement is to include interests of themselves, their spouse or legally cohabitant and their dependent children. Additionally, all financial payments from Sponsor to Investigators and Institution which support them need to be disclosed.

Attached to this Commitment, you will find a form entitled Financial Disclosure by Clinical Investigators. As Principal Investigator, you must inform all of your sub-investigators of their obligation to complete initial and subsequent financial disclosure statements. The attached form is to be returned to Ethics Committee and to the Sponsor of the Clinical Trial.

The blank disclosure forms may be photocopied for use by the Investigator or subinvestigators. Additional copies are also available via the document management software ENNOV.

All investigators are to complete these forms before initiating the trial. Updates to financial disclosure must also be promptly submitted to Sponsor and to the Ethics Committee preferably within 30 days of their occurrence. If additional investigators are added during the course of the Clinical Study, Principal Investigator must inform them of their responsibility to complete a financial disclosure form and forward it to the Sponsor and to the Ethics Committee.

**Financial Disclosure by Clinical Investigators**

**Part 2: Financial Disclosure by Clinical Investigators**

Please complete all of the information below and retain a copy of this form for your records.

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| 1. Study name: | | |
| 2. Protocol number: | | |
| 3. Investigator  Sub-investigators | | |
| 4. Investigator/sub-investigator Name:  Institution Name: | | |
| 5. Address: | | |
| 6. Telephone: | | 7. Fax: |
| 8. Indicate by marking YES or NO if any of the financial interests of arrangements with the Sponsor and/or its affiliates (described below) apply to you, your spouse/legal cohabitant, or dependent children: | | |
|  | Financial arrangements whereby the value of the compensation could be influenced by the outcome of the study. This could include, for example, compensation that is explicitly greater for a favourable outcome or compensation to the investigator in the form of any equity interest in the Sponsor or in the form of compensation tied to sales of the product, such as royalty interest.  If yes, please describe : | |
|  | Significant payments of other sorts, excluding the costs of conducting the study or other clinical studies, that have a monetary value of more than €20,000. This could include, for example, payments made to the investigator or Institution to support activities of the investigator (included grant to fund ongoing research, compensation in form of equipment, retainers for ongoing consultation or honoraria).  If yes, please describe : | |
|  | A proprietary or financial interest in the test product such as a patent, trademark, copyright or licensing agreement. If yes, please describe : | |
|  | A significant equity interest owned by you, your spouse/legal cohabitant or dependent children in Sponsor of the study and/or its affiliates. This would include, for example, any ownership interests, stock options, or other financial interest whose value cannot be easily determined through reference to public prices, or an equity interest in a publicly traded sponsor company that exceeds €40,000.  If yes, please describe : | |
| I hereby certify that none of the financial interests or arrangements listed above exists for myself, my spouse/legal cohabitant, or my dependent children. | | |
| I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct and complete. Furthermore, if my financial interests and arrangements, or those of my spouse/legal cohabitant and dependent children, change from the information provided above during the course of the study or within one year after the last patient has completed the study as specified in the protocol, I will notify Sponsor, Ethics Committee and Unité de Recherche Clinique promptly.  I declare that I have read and understood the information provided on the “anti-corruption law” document which is attached to this form. | | |
| 9. Signature: | | 10. Date: |