

TITLE:	RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM
ORIGINATING DEPT./ UNIT:	LIFESTYLE AND HEALTH RESEARCH CENTER

1. APPLICABILITY:

This form should be used in combination with any signed collaboration agreement form (RC-A, RC-B, RC-C, RC-D, or RC-E). Information in the following documents, published by LHRC, are part of this agreement (Research collaboration: Guidelines and Good Practices, and Guidelines for Conducting Research and Reporting Results).

Collaborator full name	
Degree (MSc, PhD, Dr.PH, etc.)	
Affiliation name & address	
Current position	
E-mail address	
Office phone number	Mobile number
Project title	
Do you have any conflict of interest with this project in terms of engagement in another research project, professional roles and activities, student supervision and teaching, personal (including immediate family member) financial conflicts	<input type="checkbox"/> No <input type="checkbox"/> Yes*, Please specify:

* Attach any additional information related to declaring conflict of interest.

Name of the principal investigator for the project	
Principal investigator signature and date	

By submitting this form, I certify the following:

1. You abide to the ethical principles and professional conducts stated in the LHRC's document: *Best Practices for Conducting Research and Reporting Results*, available from the HSRC.
2. I agree to notify the RD within 30 days of any changes in this disclosure.

3. I understand that this research may not be initiated, nor may any funds be expended on this research, until the LHRC Head determines that either no financial conflict of interest exists or approves a Management Plan.
4. The information provided in this disclosure is true and correct to the best of my knowledge.

Collaborator signature		Date	
Approval		Date	

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