



Approved in the University Council Meeting No. (10) on
12/11/2025

Form no. (3)
Conflict of Interest Disclosure Form for Research Projects

Project Title: _____

Principal Investigator (PI): _____

Co-Investigator(s): _____

Faculty: _____

Date: _____

1. Purpose

The purpose of this form is to disclose any actual, potential, or perceived conflicts of interest that could affect the integrity, objectivity, or credibility of the research project.

2. Types of Potential Conflicts

Please indicate any relationships, financial interests, or affiliations that may influence, or appear to influence, your research:

- Financial interests (e.g., stock ownership, consultancy, honoraria, patents, royalties)
- Personal relationships (e.g., family, close friendships that may influence research)
- Professional relationships (e.g., advisory boards, external employment, collaborations)
- Other interests (e.g., gifts, sponsorships, in-kind support)

3. Disclosure

Please answer the following:

Do you or your immediate family members have any financial interest in entities that may be affected by this research?

☐ Yes ☐ No

If yes, please describe: _____

Are you involved in any external employment, consultancy, or advisory role that may be related to this research?

☐ Yes ☐ No

If yes, please describe: _____

Are there any personal or professional relationships that may influence the research outcomes or interpretation?

☐ Yes ☐ No

If yes, please describe: _____

Any other potential conflict of interest not covered above? ☐ Yes ☐ No

If yes, please describe: _____

4. Certification

I hereby certify that the information provided above is complete and accurate to the best of my knowledge. I agree to update this disclosure if any relevant changes occur during the course of the research.

Name: _____

Signature: _____

Date: _____

For Office Use Only:

☐ No conflicts identified

☐ Conflict(s) identified – management plan attached

Research Ethics Committee Approval: _____

Date: _____