



INSTITUTIONAL REVIEW BOARD

Conflict of Interest Form

Declaration for Determination of IRB Member Conflict of Interest

Form Instruction Guide and Checklist

The Conflict of Interest Form - Declaration for Determination of IRB Member Conflict of Interest form is intended to be completed by members of the OCU Institutional Review Board (IRB), the IRB administrator/coordinator, or others that directly support the IRB process upon the request of the IRB or the IRB administrator/coordinator (i.e., subject matters experts, research methods experts). No part of the form should be altered or deleted.

DATE

Insert the date the form is completed.

NAME AND POSITION

- Insert the name of the individual completing the Conflict of Interest Form.
- The individual completing the form should identify the position they hold
 - IRB Member
 - OCU Administrator / Staff
 - Other (Please specify the role that the individual holds regarding the IRB)

SIGNATURE

- The individual completing the form should sign and date the form acknowledging they have read and the statement on conflict of interest and will notify the IRB of any conflicts.