



DECLARATION OF EXTERNAL INTERESTS FORM

for the Institute Scientific Directors, Members of Governing Council and Advisory Bodies¹

Prior to completing this form, please familiarize yourself with the [CIHR Policy on Conflict of Interest Prevention and Management for Scientific Directors, Members of Governing Council and Advisory Bodies](#) and the following instructions.

The Declaration of External Interests Form (Form) is intended to facilitate communications among you, the CIHR body of which you are a member, and the Office of the Conflict of Interest Officer in ensuring the appropriate management of conflict of interest (COI).

A declaration must be made at the time of your initial appointment, annually thereafter by an established date, as well as with a substantial change of your circumstances that may give rise to COI, as soon as reasonably possible after becoming aware of the change.

When assessing the risk of actual potential or perceived conflict of interest in your circumstances, please consider the following factors:

- whether you have a particular interest in an external entity or activity which may subject you to demands that are incompatible with your role within CIHR and may impair, or be seen as impairing, your ability to perform your duties in an objective and impartial manner;
- whether your private interests, associations and commitments could make, or be seen as making you:
 - knowingly taking advantage of, or benefiting from the position you hold or the information that you obtained in the course of your official duties for CIHR and that is not generally available to the public,
 - assisting private entities or individuals in their dealings with CIHR or the federal government where this would result in preferential treatment of the entities or persons, or interfering in the dealings between the two as to inappropriately influence the outcome.

When declaring interests, please make sure to include information about:

- the nature and extent of the interest, and
- how the interest relates to your CIHR responsibilities.

Please note that CIHR may contact you in order to obtain additional information pertaining to your declaration and to discuss measures for avoiding or mitigating a real, apparent or potential conflict of interest, should one be deemed to exist. Those measures may include

¹ Institute Scientific Directors can determine the form of the declaration (written or oral) required from their Institute personnel. This Form can be used, if the written declaration is required.



declaring the potential for a COI at the time of voting or discussing the matter in question, refraining from voting on certain items, withdrawing grant applications or, in the extreme, divesting yourself of certain financial interests or resigning from certain memberships or appointments.

Remember that a successful resolution of a COI situation depends on its early detection and its open discussion by all interested parties.

Declaration

Name:	
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The title of your CIHR appointment /position (<i>if applicable</i>); the name of the CIHR corporate or advisory body(ies)/Institute of which you are a member (<i>if applicable</i>):

Your main employer: (Name of organization, its location and your position in it)

Web page of your main employer/organization/department/research group

Section 1 – Disclosure of Engagements/Interests

I hereby disclose the following engagements/interests which are relevant to:

- my responsibilities to CIHR;
- the CIHR activities in which I am involved and/or
- CIHR mandate in general,

and which may give rise to an actual, potential or perceived conflict of interest while I perform my responsibilities to CIHR.

(Please primarily list your engagements/interests in medical, bio-medical, pharmaceutical, healthcare provision or science or health policy/communication and similar areas).



2. **Non-CIHR funding:** type, period and amount of funding; titles of the projects and your role in them

3. **Personal remunerations** (including actual and pending research contracts, employment, consultancies, honoraria, patents)



4. **Shareholding and other financial interests:** List financial interests you have in for-profit enterprises potentially related to CIHR by indicating the nature of your interest (e.g. owner/partner/joint venture, stock holdings, options, bonds, etc. but excluding mutual funds or other widely held instruments), the name of the enterprise (if applicable). You do not have to disclose financial details (e.g. value of the interest).

5. **Unremunerated interests:** this may include executive positions on editorial boards, non-executive and advisory positions, directorships and other positions of authority.

6. **Major academic collaborations and other partnerships:** Please disclose prior, current or intended collaborations/partnerships that could give rise to a conflict of interest in light of your role at CIHR, and briefly describe their nature.



7. **Familial interests:** Relevant interests and associations of your family members (including a spouse, a common-law partner, children, siblings, parents), especially if they are or could be expected to be involved with CIHR as a grantee, contractor or partner.

8. Any other circumstances that might give a well-informed member of the public reasonable grounds for concern regarding the integrity and objectivity of your participation in CIHR activities.



9. COI Mitigation Measures: Please outline the initial measures you consider possible to address potential conflict of interest related to above disclosures.

Section 2 – Acknowledgement

I, (name) _____ on the _____
(date: dd/mm/yyyy)

acknowledge that I have read and will comply with the *CIHR Policy on Conflict of Interest Prevention and Management for Scientific Directors, Members of Governing Council and Advisory Bodies*.

For Scientific Directors: I further undertake to ensure that my Institute-based personnel is aware of the aforementioned policy and of their obligation to abide by it, and I understand that it is my responsibility to ensure their compliance.

Signature: _____ Date: _____