



Conflict of Interest Training

The University of Ottawa Heart Institute's Conflict of Interest Policy (1-260) should be reviewed upon hire, annually, and anytime there is a question or concern of a conflict.

A conflict of interest may arise when activities or situations place an individual in a real, potential or perceived conflict of interest between their professional duties or responsibilities and personal interests. Conflicts of interest, especially in research, are inevitable but must be disclosed in a transparent manner. Principal Investigators, employees and trainees are responsible for managing any conflicts through disclosure, withdrawal, or other appropriate mechanisms.

In accordance with the policy you are required to review the training information below and provide a disclosure for affiliations (financial or otherwise) with any commercial entity, including but not limited to, the pharmaceutical, biotechnology, medical device, hospital or research equipment/supply industry. It is important that staff understand what and when to disclose a real, potential or perceived conflict of interest.

What Must You Disclose?

All interests, (financial or otherwise) that you or those of "close relations" defined as a spouse/domestic partner, dependent children and/or any family member or other person in a close personal relationship, have with any commercial entity, including but not limited to, the pharmaceutical, biotechnology, medical device, hospital or research equipment/supply industry.

Common examples include:

- fees for consulting, lecturing or acting on advisory boards
- royalties collected from inventions, patents and/or copyrights
- equity of any amount (e.g. investments, stocks)
- travel paid by companies on your behalf

You must also disclose if your position involves working or collaborating with a close relation (including those employed by other institutions).

Activities to be Avoided

There are several activities that are also considered conflicts and should not be undertaken unless specifically authorized after full disclosure of the conflict and mitigation strategies have been put in place. Please note that you must familiarize yourself with the policy in its entirety to understand the many situations considered to be in conflict.

Listed below are a just a few examples:

- authorizing or purchasing equipment, supplies, services or real property where you or a close relation have a significant interest
- collaborating with a spouse, family member or close relation on research activities without disclosing the relationship
- having outside interests, activities or commitments that impede or could be perceived to impede meeting your duty to patients and/or research participants or your roles, responsibilities and commitments to the Institute.

When Must You Complete the Conflict of Interest Training and Disclosure?

- As part of the onboarding process for new hires, to be returned to OHIRC Human Resources.
- Annually thereafter upon notification by the applicable office, but no later than December 31.
 - Research staff must return completed forms to OHIRC Human Resources
 - Senior Management/other staff must return completed forms to the Finance and Administration Office
- You must also update and resubmit the Form should your conflicts, such as financial interests or relationships, change throughout the year.



Confidential

CONFLICT OF INTEREST DISCLOSURE FORM

Name:	
Position:	
Department:	
Tel:	
Email:	

Please answer the questions below regarding your* affiliation (financial or otherwise) with any commercial entity, including but not limited to, pharmaceutical, biotechnology, medical device, hospital or research equipment/supply industry. Completion should be based on activities from the twelve months prior and anticipated activities, services, and other engagements for the year to come.

*"Your" interests should include those of "close relations" defined as a spouse/domestic partner, dependent children and/or any family member or other person in a close personal relationship who could be perceived to influence an Institute Representative's role, responsibilities and commitments to the Institute.

1. I am a member of the advisory board (or equivalent) of a commercial entity.
_____ Yes _____ No
2. I am a member of a Speaker's Bureau.
_____ Yes _____ No
3. I have received payment(s) or honorarium(a) or travel reimbursement from a commercial entity (i.e. for speaking, consultation, participation in meetings, executive position, gifts, etc.).
_____ Yes _____ No
4. I have received a grant(s) from a commercial entity.
_____ Yes _____ No
5. I hold a patent for a product marketed by a commercial entity.
_____ Yes _____ No
6. I hold investments (excluding diversified mutual funds and managed funds) in a commercial entity.
_____ Yes _____ No
7. I am currently working on, or have worked on within the last 12 months, a clinical trial or basic research involving drug(s), device(s), equipment, supply(ies), reagent(s), and/or software in which I have a financial or personal relationship with the sponsor/supplier, or a direct competitor, outside of this research.
_____ Yes _____ No
8. I hold individual or joint ownership in a commercial entity, which I acquired by purchase or through the provision of services.
_____ Yes _____ No
9. I conduct or supervise research not otherwise disclosed in this form that could affect the value of a technology I developed (i.e. compound, drug, device, diagnostic, medical or surgical procedure).
_____ Yes _____ No

If you answered Yes to any of the above questions, please provide the information for each commercial entity in the table below, to the extent applicable. If unknown, please enter N/A.

Q #	Commercial Entity	Total funding provided/ Received by /from entity in past 12 months	Description*	Ongoing Relationship (Y/N)

**For #3 travel reimbursement, please include the purpose, destination, and duration of the trip.*

Please answer the following question related to working with close relations.

Does your position involve working or collaborating with a close relation (e.g.: spouse, child, parent or other member of your family or household) internal or external to the Institute?

_____ Yes _____ No

If yes, please provide additional information:

I certify,

- ***I have reviewed the attached training;***
- ***the information I have provided is true; and***
- ***that all my significant relationships with an entity have been disclosed.***

I understand that this disclosure must be updated on a yearly basis or as my situation changes.

Signature

Date

Upon completion of this form return to the applicable office (as distributed to you):

- **PIs/Research Staff: OHIRC Human Resources**
- **Senior Management/Staff: Finance and Administration Office**

For Administrative Use Only			
Form tracked and filed	<input type="checkbox"/>	Committee Reviewed	<input type="checkbox"/> n/a <input type="checkbox"/>