

ACT CONFLICT OF INTEREST FORM

ACT review meeting attending:

All members of ACT are required to complete and submit a conflict of interest form to the

Conflict of interests (Col) should be updated and will be reviewed before every ACT review meeting. The information will not be made publicly available.

NOTES: Please read before completing the conflict of interest form

1. Reviewers/observers should clearly identify and/or recuse self from deliberations and evaluations of applications involving programs, institutions or organizations where:
 - Committee member, family member, partner has financial or other interest (being an investigator or having a publication as a result also fall into this category)
 - Committee member is an employee, director, trustee, partner, consultant, or associated in any other way
 - Committee member has arrangements regarding potential employment, financial interest, or other similar associations
 - "financial interest" = any interest of monetary value that may be directly and predictably affected by committee member
2. Col also includes appearance that a conflict of interest exists or could be viewed as affecting objectivity in application review such as:
 - participating in the deliberations of applications from a current or recent student, a recent teacher, a close professional collaborator, close personal friend, or a scientist with whom member has had scientific or personal differences
3. Col is not a subjective assessment of one's self perceived sense of conflict; the outside perception is critical.
4. Early disclosure and transparency is necessary and reviewers are to consider:
 - If all facts become apparent to the outside world would there be a perceived conflict
 - Do you have something to gain by reading this application (procedure / know how)
 - Can you learn something from this application that you can independently use
5. Reviewers/observers can work in the same field. Reviewers/observers cannot be involved in other programmes considering the same mechanism of action.
6. If reviewed programme previously, as part of another committee, individual can still be an ACT reviewer.

A. PERSONAL INFORMATION OF ACT MEMBER/OBSERVER

Last Name

First Name

Affiliation / Employer

Role Within ACT

What is your position within the committee?

Secretariat

Core Committee Member

Invited Expert

Extended Panel of Experts

Signed by

Date

B.

Please complete all following sections to indicate potential conflicts of interest for yourself and/or your spouse with regards to the specific act applications.

Please declare past (5 years), present and future conflicts.

B.1 APPLICATION

1. Do you or your spouse stand to directly benefit (present or future) from a positive or negative outcome of the ACT report?

Yes No

If Yes, please give details:

2. Do you or your spouse hold stock or equity in a company with a {disease area covered by committee} interest?

Yes No

If Yes, please give details:

3. Do you or your spouse receive payment from a company with a {disease area covered by committee} interest (roles including but not limited to Scientific Advisory Board, Board of Directors, consultancy etc.)?

Yes No

If Yes, please give details:

4. Do you or spouse stand to benefit from IP / royalties?

Yes No

If Yes, please give details

5. Are you the applicant or are you connected to them in anyway (i.e. professional or personal)?

Yes No

If Yes, please give details

6. Are you or your spouse a direct competitor of the applicant?

Yes No

If Yes, please give details

B.2 APPLICATION

1. Do you or your spouse stand to directly benefit (present or future) from a positive or negative outcome of the ACT report?

Yes No

If Yes, please give details:

2. Do you or your spouse hold stock or equity in a company with a {disease area covered by committee} interest?

Yes No

If Yes, please give details:

3. Do you or your spouse receive payment from a company with a {disease area covered by committee} interest (roles including but not limited to Scientific Advisory Board, Board of Directors, consultancy etc.)?

Yes No

If Yes, please give details:

4. Do you or spouse stand to benefit from IP / royalties?

Yes No

If Yes, please give details

5. Are you the applicant or are you connected to them in anyway (i.e. professional or personal)?

Yes No

If Yes, please give details

6. Are you or your spouse a direct competitor of the applicant?

Yes No

If Yes, please give details

B.3 APPLICATION

1. Do you or your spouse stand to directly benefit (present or future) from a positive or negative outcome of the ACT report?

Yes No

If Yes, please give details:

2. Do you or your spouse hold stock or equity in a company with a {disease area covered by committee} interest?

Yes No

If Yes, please give details:

3. Do you or your spouse receive payment from a company with a {disease area covered by committee} interest (roles including but not limited to Scientific Advisory Board, Board of Directors, consultancy etc.)?

Yes No

If Yes, please give details:

4. Do you or spouse stand to benefit from IP / royalties?

Yes No

If Yes, please give details

5. Are you the applicant or are you connected to them in anyway (i.e. professional or personal)?

Yes No

If Yes, please give details

6. Are you or your spouse a direct competitor of the applicant?

Yes No

If Yes, please give details

B.4 APPLICATION

1. Do you or your spouse stand to directly benefit (present or future) from a positive or negative outcome of the ACT report?

Yes No

If Yes, please give details:

2. Do you or your spouse hold stock or equity in a company with a {disease area covered by committee} interest?

Yes No

If Yes, please give details:

3. Do you or your spouse receive payment from a company with a {disease area covered by committee} interest (roles including but not limited to Scientific Advisory Board, Board of Directors, consultancy etc.)?

Yes No

If Yes, please give details:

4. Do you or spouse stand to benefit from IP / royalties?

Yes No

If Yes, please give details

5. Are you the applicant or are you connected to them in anyway (i.e. professional or personal)?

Yes No

If Yes, please give details

6. Are you or your spouse a direct competitor of the applicant?

Yes No

If Yes, please give details