

Form-7: Conflict of Interest Form

Service/Department:

IRB Control #:

Study Title:

Principal Investigator:

Telephone:

Name of Investigator Declaring Conflict of Interest:

1. Please submit the following documents along with this form:

- ✓ A copy of the revised consent form, with tracked changes, declaring this new Conflict of Interest (REMEMBER: All current consent forms must reflect any existing conflicts of interest and must be amended to reflect any significant changes in a conflict of interest and/or any conflict that may arise during the course of the study)
- ✓ If the Investigator Declaring Conflict of Interest is a new member of the research staff, submit Form-6A Change in Investigators signed by the PI and Form-1 Addendum Co Investigator Statement signed by the new Investigator.

2. Describe the conflict of interest in detail. Provide any additional documentation that may be necessary:

3. Principal Investigator's Statement:

I certify that to the best of my knowledge, the information contained in and accompanying this form is accurate and complete as of the date of submission.

Signature of Principal Investigator

Date

Instructions: Complete form and submit to IRB@willseye.org.