

Stem Cell Network Annual Conflict of Interest Declaration

Interactions between university researchers and the private sector are an essential feature of the National Centres of Excellence Program (“NCE Program”). For the objectives of the NCE Program to be achieved many kinds of interactions among the individuals participating in the Stem Cell Network (“SCN”) must occur. These interactions may lead to gains and benefits to the individuals participating in the SCN and are desirable and natural outcomes of being involved in the SCN. Such interactions, however, may place individuals participating in the SCN in a position of potential, apparent or actual conflict of interest.

Name: _____

Address: _____

Affiliation with the SCN (please select one):

Director ____ Officer ____

Committee Member ____ (please specify Committee name): _____

Other _____

Please review the following definitions used in this form. The definitions come from the SCN’s Conflict of Interest Policy, a copy of which is attached.

“Conflict of Interest” means a situation where, to the detriment or potential detriment of the SCN, an individual participating in the SCN is, or may be, in a position to use research knowledge, authority or influence for personal or family gain (financial or other) or to benefit others.

“Disclosure” means the act of notifying in writing the SCN Board of Directors, through the SCN Executive Director, of any direct or indirect financial interests and positions of influence held by an individual participating in the SCN which could lead to a potential, apparent or actual Conflict of Interest.

DECLARATION

I, the undersigned, (*print full name*) _____

(a) hereby declare and make Disclosure of the following actual or potential Conflict(s) of Interest which may arise in the conduct of my duties and responsibilities on behalf of the SCN (attach additional sheet if required).

OR

(b) am not aware of any actual or potential Conflict(s) of Interest with respect to my involvement with the SCN.

(initial) _____

I have read and understand the SCN Conflict of Interest Policy and will adhere to the Policy during my affiliation with the SCN. Specifically, if any circumstances change and/or come to my attention regarding any actual or potential Conflict of Interest, I will make Disclosure to the SCN immediately.

Signed: _____ Date: _____