

**LAKEHEAD UNIVERSITY
CONFLICT OF INTEREST DISCLOSURE FORM
RESEARCH ACTIVITY**

PART A (Disclosing Researcher to Complete in accordance with LUFA Article 39 and Research Integrity Policy):

Name of Researcher:	
Title:	
Dept/Faculty:	
Calendar Year:	
Supervisor/Faculty Dean Name:	

1. Compensated External Professional Activity (Consulting, Board Memberships, Teaching, etc.)

Company or Organization	Description of Relationship, Form of Compensation, and Conflict or Potential Conflict of Interest

2. Business Interests (Vendor-Employee Conflict of Interest, Financial Interest in Company, etc.)

Company or Organization	Description of Relationship, Form of Compensation, and Conflict or Potential Conflict of Interest

3. Familial Appointments and Relationships (Personal, Family, Other)

Name of Individual, Company or Organization	Description of Relationship, Form of Compensation and Conflict or Potential Conflict of Interest

4. Other External Activities

Company or Organization	Description of Relationship, Form of Compensation and Conflict or Potential Conflict of Interest

Signature: _____

Date: _____

Freedom of information and protection of privacy

The information is collected under the authority of the University Conflict of Interest Policy . It relates directly to and is necessary to manage the University's conflict of interest policy. This information is used only in assessing and deciding the real or potential conflict of interest disclosed in it. Questions about the collection and use of this information should be directed to the Vice President, Research and Innovation/University Secretariat.

PART B (Supervisor to Complete):

- 1. Does a potential or real conflict of interest exist? **Yes No**
- 2. Is this a research-related disclosure? **Yes No**

If Yes, please complete Part B and C. If No, please complete Part B and forward to ORE directly.

- 3. Can this conflict of interest be managed? **Yes No**

4. Conflict of Interest Assessment and Management Plan

Please provide information on the assessment of the conflict, the management plan, and reasons for this decision. For conflicts involving human participants, please include information on research ethics approvals. Please attach additional pages as needed.

PART C (Dean to Complete and Forward to Office of Research Services)

- 1. Does this conflict involve research with human participants (as defined by the TCPS2)? **Yes No**
If Yes, Director, ORS will forward disclosure to REB for approval.

- 2. Does this conflict involve using funds from the Member’s research grants or contracts to employ or otherwise reimburse for services rendered a member of his/her immediate family? **Yes No**
If Yes, Director, ORS will forward disclosure to Human Resources for additional approval. Disclosure to, and approval by, the funding agency may be required as well. Please consult with the Director, ORS in advance.

APPROVALS:

Dean’s Signature	Name of Faculty	Date
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VPRI Signature	Andrew P. Dean	Date:
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