

NOTRE DAME UNIVERSITY – LOUAIZE
University Research Board - Conflict of Interest Review Committee (URB-CIRC)
Disclosure Form

This form is to be completed in the cases of Conflict of Interest in sponsored research. It is to be submitted to the VPRSD office, and forwarded to the University Research Board: Conflict of Interest Review Committee (URB-CIRC).

Name: _____ Dept: _____ Faculty: _____

Title & Position: _____

Telephone Number: _____ Mobile: _____ Email: _____

Principal Investigator: _____ Sponsor: _____ Proposal Deadline: _____

Proposal Title:

Please answer the following questions to help clarifying the case to be investigated:

- 1- Were you withholding any information for improper personal benefits?
 YES **NO**
- 2- Did you accept Sponsored Research knowing that the findings are predicated, predetermined, dictated, or influenced by the sponsor or any other party?
 YES **NO**
- 3- Have you involved students in projects, with outcomes that serve your interests in terms of personal gain or any other personal benefit accruing from such research?
 YES **NO**
- 4- Did you undertake external consulting or other agreements that conflict with NDU's policy or the commitment of the University under sponsored grant or contract?
 YES **NO**

If you have answered **YES** to any of the above questions, kindly provide more information in the box below, or attach an extra sheet. Please note that further specific information might be required.

I have read and understood the **Notre Dame University – Louaize’s Policy on Conflict of Interest in Sponsored Research** and made all required disclosures. I am committed to submit a proposal for a Conflict of Interest Management Plan if requested. I certify that I will comply with all conditions and restrictions imposed by the University URB-CIRC to manage, reduce, or eliminate any situation of Conflict of Interest concerning my research.

Name: _____ Signature: _____ Date: _____

TO BE COMPLETED BY THE URB-CIRC

Was any Conflict of Interest situation noted? **YES** **NO**

If **NO**, forward this form to the VPRSD

If **YES**, recommend action:

Name: _____ Signature: _____ Date: _____

Title: _____