

Register of Interests for Clinical Research

Name of Investigator:	
Full study title:	
Do you have a personal or financial interest in the outcome of this study? Y/N	

Where the study involves investigation of a company's products, please answer the following questions:

1. Do you directly own shares or options in that company? Y/N	
2. If you answered yes to Q1, please indicate if the current value of those shares or options is: a. less than \$1000 b. \$1,000 - \$50,000 c. over \$50,000	
3. Have you received any payment from the company for services rendered? Y/N <i>If yes please provide details</i>	
4. Have you received any hospitality or gifts from the company? Y/N <i>If yes please provide details</i>	
5. Please indicate if any immediate member of your family has any personal or financial interest in the outcome of this study.	
6. Please declare any other duality or conflict of interest that you may have in relation to this study.	

Signature:

Date: