

**Declaration of Conflict of Interest for Committee Members/ Investigators**  
**INSTITUTIONAL ETHICS COMMITTEE**  
**H M PATEL CENTRE FOR MEDICAL CARE AND EDUCATION, KARAMSAD**

---

Date:

To:  
Chairperson IEC, HMPCMCE, Karamsad

From:

\_\_\_\_\_  
Member(s) IEC, HMPCMCE/ Investigator

**Subject:**        Declaration of potential conflict of Interest

**Reference:**    IEC, HMPCMCE Standard Operating Procedure [SOP]

I/We hereby declare that I/we do have a potential conflict of interest as member [s] of the committee/ investigator that may prevent my/ our full and unprejudiced participation in ethical review process of:

**Protocol No. [if any]:**  
**Project Title:**

to be taken up for the \_\_\_\_ Full-committee/ Sub-committee / Exempt Review of the IEC .

The nature of this conflict of interest is described below:

I/ we request to abstain from enjoying any voting rights during the review of above proposal and be present only to provide any information requested by the IEC.

I/ we also declare that I/ we shall inform the IEC as soon as is practicable, should my/ our circumstances change in any way that effects this declaration.

Regards

**Investigator (s) Name:**

**Signature with Date:**

1

2

3