

Annexure XVII  
**Declaration of Conflict of Interest for Committee Members**  
**INSTITUTIONAL ETHICS COMMITTEE**  
**HM PATEL CENTER FOR MEDICAL CARE AND EDUCATION, KARAMSAD**

Date:

To: Chairperson/ Deputy Chairperson, IEC,  
HMPCMCE, Karamsad.

From:

\_\_\_\_\_  
Member(s) IEC, HMPCME

**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 members of the committee that may prevent my/ our full and unprejudiced participation in ethical review process of:

Protocol No:

Protocol Title:

to be taken up for the \_\_\_\_ Full-committee/ Sub-committee Meeting 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 our circumstances change in any way that effects this declaration.

Regards

Investigator (s) Name

Signature with Date:

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