

Appendix 2 – Conflict-of-Interest Declaration⁸

This declaration must be completed if you feel you are in a situation of actual, apparent, or potential conflict of interest.

Before completing this declaration, please carefully read the Université de Sherbrooke's [Policy on Research Integrity and Conflicts of Interest](#) (Policy 2500-021) and its Appendix 1.

Declarant's name: _____
Faculty or department: _____
Position: _____
Date: _____

I, the undersigned, affirm the following:

I consider that I am in a situation of actual, apparent, or potential conflict of interest for the following reasons:
(If necessary, attach additional pages to this form.)

If the facts described above relate to relationships with third parties or companies, as in one of the examples described in paragraphs l, m, or n of Appendix 1 of the *Policy on Research Integrity and Conflicts of Interest* (Policy 2500-021), enter all relevant information. This information shall include, without limitation:

- The names of third parties and your relationships with them;
- Details of relevant financial benefits (e.g., property rights, stock, professional fees, financial compensation, etc.);
- The names of close relations and your relationships with them as well as the general nature of any involvement of them;
- The names of students, workers, university employees, and any other persons in your employ and the nature of their involvement;
- The nature of your business is to provide advice or professional services (including participation in a board of directors or board of management or other) and any resulting remuneration;
- All details of the projected or anticipated use of University resources.

⁸ This form may be modified by the University Executive Committee.

If the facts presented above relate to your relationship with one or more close relations, you must provide clarification on their interests in order to complete your **Conflict-of-Interest Declaration**. The Declaration of a Close Relation section (page 20) must be completed by each close relation.

- Check if the facts do not affect your relationship with one or more close relations. In this case, you do not have to fill out page 20.

I have read the Université de Sherbrooke's *Policy on Research Integrity and Conflicts of Interest* (Policy 2500-021) and its Appendix 1. I understand that the information provided in this **Conflict-of-Interest Declaration** is required for the purposes of this policy and that the personal information it contains is protected by the *Act respecting Access to Documents Held by Public Bodies and the Protection of Personal Information*. I consent to the use of such information for the sole purpose of determining whether or not there is a situation of actual, potential, or apparent conflict of interest.

In addition, in the event that the dissemination of certain information is considered appropriate to manage a declared conflict, I understand that I will be consulted and I will have the opportunity to give informed consent.

Declarant's signature

Year / Month / Day

REQUEST FOR OPINION

I hereby request an opinion from _____(Name of Dean, superior, or hierarchical superior) pertaining to the facts presented in this **Conflict-of-Interest Declaration**.

Declarant's signature

Year / Month / Day

OPINION

I, the undersigned _____ (*Name of Dean, superior, or hierarchical superior*), have read this **Conflict-of-Interest Declaration**.

In my opinion:

- The facts presented do not constitute a situation of conflict of interest.
- The facts presented constitute an actual conflict of interest.
- The facts presented constitute a potential conflict of interest.
- The facts presented constitute a situation of apparent conflict of interest.

The following actions must be taken to handle this situation:

Signature of the Dean,
superior, or hierarchical superior

Year / Month / Day

I, the undersigned, _____(declarant's name) who signed this **Conflict-of-Interest Declaration**, hereby agree with the actions described above and commit to complying with them.

Declarant's signature

Year / Month / Day

DECLARATION OF A CLOSE RELATION

If the events presented in the **Conflict-of-Interest Declaration** pertain to relationships with a close relation, clarification about the interests of the close relation must be provided.

This section must be completed by the close relation.

Close Relation: _____

Declarant's name: _____

I, the undersigned, affirm the following:

As a close relation of the declarant, I am furnishing the information contained in this document to provide details of my interests and financial benefits that may result in an actual, apparent, or potential conflict of interest as a researcher, associate, research collaborator, or research director with respect to his or her obligations to the Université de Sherbrooke.

Clarification of my interests and financial benefits that may result in an actual, apparent, or potential conflict of interest for the declarant:

(If necessary, attach additional pages to this form.)

I understand that this information is collected under the provisions of the *Act respecting Access to Documents Held by Public Bodies and the Protection of Personal Information* (CQLR c. A-2.1). I consent for this information to be used by the University for the purpose of determining if the declarant is in a position of actual, apparent, or potential conflict of interest.

If, subsequent to this declaration, circumstances change and require different responses, I commit to submitting a revised declaration.

Signature of Close Relation

Year / Month / Day