



# SCMC-AEI Ethics Review Committee

Declaration of Conflict of Interest (COI) for Principal Investigator  
 QR-ERC-002-17/00/08012025

**Date:** DD/MMM/YYYY

**To:** ST. CABRINI MEDICAL CENTER – ASIAN EYE INSTITUTE ETHICS REVIEW COMMITTEE (SCMC-AEI ERC), an ethics review committee duly organized and existing under and by virtue of the laws of the Republic of the Philippines, with address at the 8th Floor PHINMA Plaza, Rockwell Center, Makati City, Philippines, represented herein by its Chairperson, Dr. James Paul S. Gomez,

**From:** [Principal Investigator's/Sub-Investigator's Full Name] [Department/Institution] [Contact Information (Email, Phone)]

**Subject: Declaration of Conflict of Interest (COI) for Principal Investigator and/or Sub-Investigator**

Dear [Name of Review Board/Ethics Committee]

I, [Principal Investigator's/ Sub-Investigator's Full Name], the Principal Investigator/Sub-Investigator for [list down all active study protocol title or protocol number"], hereby declare my commitment to maintaining the highest ethical standards and transparency in all research endeavors.

In accordance with Good Clinical Practice Guidelines, National Ethical Guidelines and Standard Operating Procedure of SCMC-AEI Ethics Review Committee, I wish to provide a declaration regarding my current research commitments and any potential or perceived conflicts of interest that may arise from these activities.

**Summary of Current Research Studies:**

I am currently undertaking a total of [Number] research studies. Details of these studies are provided below:

Study Title	Sponsor	Status (e.g., Ongoing, Recruiting, Finished, Data Analysis)	Amount of Time Allotted for the Study (approximate %)
1. [Full Title of Study 1]	[Sponsor Name for Study 1]	[Status of Study 1]	
2. [Full Title of Study 2]	[Sponsor Name for Study 2]	[Status of Study 2]	
3. [Full Title of Study 3]	[Sponsor Name for Study 3]	[Status of Study 3]	
(Add more rows as needed)			



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## Principal Investigator's/ Sub-Investigator's Explanation and Conflict of Interest Statement:

Regarding the above-mentioned studies and my overall research activities, I affirm that:

Tick one option that is applicable	Declaration of COI	Provide further details/explanation
<input type="checkbox"/>	<p><b>(No Conflict):</b> "I, my spouse, or dependent children, currently have no financial interests, personal relationships, or other affiliations that could be construed as a conflict of interest in relation to the listed studies or any other research I am conducting. These may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>a. Financial arrangements with the sponsor/CRO/collaborator/supplier, the value of which may be influenced by the outcome of the study;</li> <li>b. Significant payments from the sponsor/CRO/collaborator/supplier while conducting the study and from one (1) year following completion, that are relevant to the clinical trial/research study, which are exclusive of the costs of conducting the study;</li> <li>c. Holding proprietary interest, such as a patent, trademark, or copyright, in the product;</li> <li>d. Significant interest in the sponsor/CRO/collaborator/supplier relevant to the clinical trial/research study, such as stock ownership (e.g. stocks &gt;P500,000.00)</li> </ul> <p>My decisions as Principal Investigator are, and will remain, based solely on scientific merit and the best interests of the research participants and the integrity of research."</p>	<p>Explanation not required</p>



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Tick one option that is applicable	Declaration of COI	Provide further details/explanation
<input type="checkbox"/>	<p><b>(Potential Conflict Identified &amp; Managed):</b>  <i>"I acknowledge that a potential financial interest/relationship/other affiliation exists regarding the current study/ies that I am involved with."</i></p> <p><i>Specify the specific conflict of interest identified:</i>            _____            _____</p>	<p><b>Explain the specific mitigation strategy that you will or have implemented.</b></p> <p><i>To mitigate any actual or perceived conflict of interest, the following measures have been [or will be] implemented:</i>            _____            _____</p>
<input type="checkbox"/>	<p><b>(Custom Explanation):</b> [Provide your specific, detailed explanation here. Clearly state any relationships.]            _____            _____</p>	<p>Explain how the identified conflict of interest will be managed to prevent bias or undue influence. Be transparent and specific.            _____            _____</p>

I understand that this declaration is subject to review and that I am obligated to promptly disclose any new or changed circumstances that might create a conflict of interest during the course of these studies.

Thank you for your attention to this declaration.

Sincerely,

[Principal Investigator's/Sub-Investigator's Full Name] [Signature]

Role :

Specialty :

Institution :

Institution Address :

Study Site Address (if different from Institution Address) :