



SCMC-AEI Ethics Review Committee

Principal Investigator and Site Staff Information Sheet

QR-ERC-002-18/00/10102025

Document Date (dd/mmm/yyyy)		ERC Number:	
		Protocol Number:	

To all Investigators,

Accomplish this form as accurately and complete as possible. All fields are mandatory. Note that this form should be submitted during initial submission and every progress report submission. Failure to submit this form will result in delays in the review of your application and/or release of decision letter.

You may add additional rows if applicable.

Principal Investigator Information

Academic Title (if applicable):	
First Name:	
Middle Name (if applicable):	
Family Name:	
Profession and Discipline:	

Education and Qualifications *(add rows if applicable)*

Degree/Certificate	Specialty	Academic Institution, City, and Country Were Obtained	Year completed

Professional Experience *(add rows if applicable)*

Position	Institution Name and Department	Address	Start year	End year

Training Relevant to Clinical Research



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Research training (including GCP)	Year obtained

Clinical Trial Experience

Study Title	Sponsor	Status (e.g. Awaiting SIV/ Recruitment/ Screening/ Follow up/ Completed)	Number of Subjects Enrolled

Site Name and Address where Study will be Conducted and Contact Details

Institution			
Department			
Address			
Phone		Mobile/Cell Phone	
Fax		Email	

Site Staff information (Staff that will be delegated in this study; add row if applicable)



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Complete Name	Role in the Study (e.g. Sub-Investigator/ Study Coordinator/ Study Nurse/ Pharmacist/ Phlebotomist)	Training Relevant to Research and Year (including GCP)	Clinical Trial Experience (Number of Years)	Current involvement in clinical trial (if yes, please indicate number of CT currently being handled)

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"/>	(No Conflict): <i>"I 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. 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 the research."</i>	Explanation not required
<input type="checkbox"/>	(Potential Conflict Identified & Managed): <i>"I acknowledge that a potential financial interest/relationship/other affiliation exists regarding the current study/ies that I am involved with."</i>	Explain the specific mitigation strategy that you will or have implemented.



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	<p><i>Specify the specific conflict of interest identified:</i></p> <p>_____</p>	<p><i>To mitigate any actual or perceived conflict of interest, the following measures have been [or will be] implemented:</i></p> <p>_____</p>
<p><input type="checkbox"/></p>	<p>(Custom Explanation): [Provide your specific, detailed explanation here. Clearly state any relationships.]</p> <p>_____</p>	<p>Explain how the identified conflict of interest will be managed to prevent bias or undue influence. Be transparent and specific.</p> <p>_____</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.

I confirm that the information presented above is true and correct.

Name: _____

Signature: _____

Date (DD-MMM-YYYY): _____