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## CONFLICT OF INTEREST DECLARATION FORM

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**To: Designated Operational Body**

I have read and understood the Laboratory Facility Conflict of Interest Policy (the “COI Policy”), and I undertake to be bound by its obligations.

I understand that it is my responsibility to report to the designated operational body the information described in the COI Policy, and I undertake to do so.

I acknowledge that an Approval is void if the Application does not fully disclose the information described in the COI Policy.

The information that I disclose (including Personal Information) is being supplied in confidence, although I understand that the information I disclose is being collected under the authority of the *Laboratory Services Act*, and will be used and disclosed for the purpose of administering the *Laboratory Services Act* in accordance with the *Freedom of Information and Protection of Privacy Act*.

I agree to inform the Minister of any change in circumstances that may give rise to a relevant Conflict of Interest with respect to a Laboratory Facility, as soon as is practicable.

ATTENTION: The person completing/signing this Declaration Form (the “Declarant”) must be duly authorized to make the declaration on behalf of the person/entity submitting an Application.

**Name of Laboratory Facility** to which this Conflict of Interest declaration relates:

**Declarant**

Name:

Title:

Date:

Signature:

**To: The Minister of Health**

Is there an existing or potential Conflict of Interest to disclose in relation to the Laboratory Facility?  
Check one:

Yes, there is an existing or potential Conflict of Interest to disclose in relation to the Laboratory Facility.

If yes, provide details of the existing or potential Conflict of Interest in Parts I and II.

I am unsure if the circumstances constitute, or may constitute, an existing or potential Conflict of Interest.

If unsure, provide details of the potential Conflict of Interest in Parts I and II.

No, there is no existing or potential Conflict of Interest to disclose in relation to the Laboratory Facility.

If no existing or potential Conflict of Interest is indicated, the Disclosure Form must be completed by signing and completing the signature block information found at the end of the form.

If applicable, on the following pages, provide full details and circumstances that relate to existing or potential Conflicts of Interest by completing Parts I and II.

**ATTENTION:** The person completing/signing this Disclosure Form (the “Declarant”) must be duly authorized to make the declaration/disclosure on behalf of the Operator/owner required to make the declaration/disclosure.



**Part I**

Laboratory Facility Name(s)	The names of all relevant practitioners, Family members, Laboratory Facility owners (including the Declarant) or business associates who hold or may hold a relevant financial or material interest	Any relevant affiliations or relationships with the owner or intended owner of the Laboratory Facility and the details of any interest or benefit that may relate to a Conflict of Interest	Any other information, including dates, that is relevant to understanding and assessing the nature, scope and degree/extent of existing or potential Conflicts of Interest

**Part II**

In the space below, provide any additional information (not covered in Part I) that is relevant to understanding and assessing the nature, scope, and degree/extent of existing/potential Conflict of Interest. Include any details regarding proposed avoidance or mitigation measures relating to any existing or potential Conflicts of Interest. Expand box/space and/or append additional pages as necessary, to provide all relevant information.

**Name of Laboratory Facility** to which this Conflict of Interest declaration relates:

**Declarant**

Name:

Title:

Date:

Signature: