



# ST. PAUL'S HOSPITAL OF ILOILO, INC.

General Luna Street, Iloilo City 5000 Philippines

Tel. Nos. (033) 337 2741-49 Fax. No. (033) 338 0676

[www.sphi.com.ph](http://www.sphi.com.ph) [sphilolo@gmail.com](mailto:sphilolo@gmail.com)

## INSTITUTIONAL REVIEW BOARD

### DECLARATION OF NO CONFLICT OF INTEREST OF INVESTIGATORS/RESEARCHERS (FORM 2.1)

*To the Undersigned: Please sign and date this Agreement, if you agree with the terms and conditions set forth above. The original (signed and dated Agreement) will be kept on file in the custody of the St. Paul's Hospital of Iloilo Institutional Review Board (SPHI-IRB). A copy will be given to you for your records.*

Principal Investigator	
IRB Protocol No.	
Protocol Title:	
Protocol No.	

In the course of my activities as Principal Investigator of the *St. Paul's Hospital of Iloilo*, I hereby declare that I nor any of my research team member has No Conflict of Interest. I agree to take reasonable measures to protect the Confidential Information, subject to applicable legislation, not to disclose the Confidential Information to any person; not to use the Confidential Information for any purpose outside and in particular, in a manner which would result in a benefit to myself or any third party; and to return all Confidential Information (including notes I have made as part of my investigator's duties) to the IRB upon termination of my functions as a Principal Investigator/Researcher in this Institution.

Whenever I have a conflict of interest, I shall immediately inform the Institutional Review Board.

I have read and accept the aforementioned terms and conditions as explained in this Agreement.

Name

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

Name

\_\_\_\_\_  
IRB Chair

\_\_\_\_\_  
Date