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| **UNIVERSITY OF SANTO TOMAS HOSPITAL** RESEARCH ETHICS COMMITTEE 6th Floor St. John Macias O.P. Building  A.H. Lacson St., Sampaloc, Manila 1015 Philippines  Telephone: +63 2 731-3001 local 2610  Email: *usth\_irb@yahoo.com.ph*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila logo copy |

**CONFIDENTIALITY AGREEMENT FORM**

I sign this document as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the **University of Santo Tomas Hospital – Research Ethics Committee (USTH-REC)** and voluntarily agree not to disclose or reproduce any confidential information and/or research protocols under consideration during the course of my activities with the Committee, or anytime afterwards.

Confidentiality covers information or materials prepared by the investigators, and/or sponsors for the ethics committee review either in written or verbal forms. This information includes technical and scientific data, financial and personal information concerning wages, remunerations, salaries and benefits. I agree to return the related data or document to the office of REC after the completion of the activity.

In case I have to disclose the confidential information by court order, I will so inform the committee within two (2) days after notification.

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| Signature: |  |
| Name: |  |
| Institutional Affiliation: |  |
| Date: |  |

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| **Noted by:** |  |
| Signature: |  |
| Name of REC Head: |  |
| Date: |  |

**DISCLOSURE OF CONFLICT OF INTEREST FORM**

In general, *Conflict of Interest* occurs when there is conflict (actual, potential or perceived) between an individual’s duties and his/her personal or private interest. *Conflict of Interest* impairs one’s abilities to exercise objectivity in the performance of official duties.

The Members (including the REC Head) of the University of Santo Tomas Hospital – Research Ethics Committee and its consultants shall sign this agreement to disclose any *Conflict of Interest* thatthey may have in the review of research protocols and other related documents.

The following can be used as a guide to determining whether he/she has *Conflict of Interest*.

***INSTRUCTIONS TO USTH-REC MEMBERS OR INDEPENDENT CONSULTANTS***

*Before affixing your signature below, please consider each of the following statements in relation to: 1) all your past and current official positions; and 2) all your immediate family members, especially spouse and children. Then, TICK your answer in the ‘yes’ or the ‘no’ column.*

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| **STATEMENTS** | **YES** | **NO** |
| * I/My family have owned stocks and shares in the proponent organization(s). | **☐** | **☐** |
| * I/My family have received a salary, an honorarium, a compensation, concessions and gifts from the proponent organization(s). | **☐** | **☐** |
| * I/My family have served as an officer, director, advisor, trustee, consultant or an active participant in the activities of the proponent organization(s). | **☐** | **☐** |
| * I/My family/my other organizations have had research work experience with the principal investigator(s). | **☐** | **☐** |
| * I/My family/my other organizations have a long-standing issue against the principal investigator(s), the proponent organization(s), or the funding agency. | **☐** | **☐** |
| * I/My family have regular social activities, such as parties, home visits and sports events, with the principal investigator(s). | **☐** | **☐** |
| * I/my family/my other organizations have an interest in or an ownership issue against the proposed topic. | **☐** | **☐** |

*As a Member/Independent Consultant of the USTH-REC, I shall disclose any conflict of interest that I may have in connection with the review of specific research protocols and related documents.*

*I shall do this before or during any deliberations so that I may not participate in the decision regarding the said protocol.*

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| Signature: |  |
| Name: |  |
| Institutional Affiliation: |  |
| Date: |  |