

APPENDIX A

DISCLOSURE REPORT FORM

Last Updated - April 2020

Appendix A to the *Policy on Conflict of Interest in Research* (VPRGS-5) (the "Policy").

"COI").

d/or to the report any

To be completed by any M	lember who anticipates or is aware of a Conflict of Interest ('		
	pdated Disclosure Report Forms relative to any COI and s form on an ongoing and timely basis as necessary to a		
SECTION 1: To be comple	ted by the Member		
Name of Member			
Date of the present Disclos	sure		
Faculty / Department			
Email address and telephone number			
Status/title of Member tak	ing part in research (check one):		
Faculty member			
Undergraduate student			
Graduate student			
Post-doctoral fellow			
Research associate			
Technical staff			
Adjunct professor			
Affiliate professor			
Visiting professor			
Administrator			
0.1			

Other:



Describe helesy (on in a comparete attached de gran out) the message hereignt in grantient.
Describe below (or in a separate attached document) the research project in question ¹ :
Describe below (or in a separate attached document) the nature and extent of the COI including all activities, services or situations which could place the Member in a COI 2 in accordance with the Policy.

¹ All information disclosed will be held in confidence in accordance with University policies and legislative, regulatory and contractual requirements.

² Until activities, services or situations having COI considerations are disclosed, assessed and dealt with, Members <u>shall not engage</u> in such activities, services or situations.



For situations of COI relating to a Spin-off Company (as defined in the Policy) please provide the following information:
Describe the Member's or Related Party's interests or stake in the Spin-off Company.
Describe the Member's or Related Party's role or position in the Spin-off Company.



Describe the Member's intended time commitment to the activities of the Spin-off Company.
Describe the planned involvement of any students, University faculty and/or other University personnel in the Spin-off Company's activities, highlighting in particular any situations in which the Member has academic or administrative supervision responsibilities for such individuals.



Signature of Member

Describe the relationship between the Spin-off Company activities and the Member's University research activities, highlighting any real or perceived overlap in these activities.				



<u>SECTI</u>	ON 2: To be completed by the Reporting Officer
Name	and title of Reporting Officer
Date o	f receipt of the present Disclosure Report
Email	address and telephone number
Сору	of the present Disclosure Report sent to the Vice-President, Research and Graduate Studies?
	Yes Date sent
	No
	Decision of the Reporting officer (check one):
	No COI exists, the Member is free to pursue the activity, service or situation that was the subject matter of the present Disclosure Report.
	A prohibited COI exists, the Member shall not pursue the activity, service or situation that was the subject matter of the present Disclosure Report.
	A COI exists but the Member may pursue the activity, service or situation that was the subject matter of the present Disclosure Report only in accordance with the following conditions and/or instructions and/or method and/or monitoring (or see separate attached document) ³ :

 $^{^{3}}$ The Member shall agree <u>in writing</u> to the Reporting Officer's established method of managing and monitoring of the COI.



Signature of the Member <u>agreeing and consenting</u> to the aforementioned conditions:				
Signature	Date			
Date of decision by Reporting Officer				
Signature of Reporting Officer				