# Contact Information

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| --- | --- | --- | --- |
| **Prefix:** | **First Name:** | | **Last Name:** |
| **Email:** | | **Confirm Email:** | |
| **Primary Institutional Affiliation:** | | | |
| **Your role/position:** | | | |

# COI Declaration

* 1. **Please indicate the type of COI declaration you are making:**

Annual Declaration

Project Specific Declaration*,* ***please provide the project title:*** Enter Project Title.

Ad Hoc Declaration

I have read and understand the SPOR Evidence Alliance COI DisclosurePolicy and understand that I am obliged to declare allreal, potential or perceived conflict(s) of interest as outlined in the policy to the SPOR Evidence Alliance Central Coordinating Office. I have reviewed the current and past activities (within the last 5 years) of myself, my spouse and immediate family for potential conflict(s) of interest that would compromise my work with the SPOR Evidence Alliance.

* 1. **Please indicate your conflict(s) of interest status:**

I have no conflict(s) of interest to declare (please continue to section 2.4)

I have conflict(s) of interest to declare (please continue to section 2.3)

* 1. **I would like to highlight the following activities and interests:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of COI** | **Activities and Interests** | **Year** | **Details** | **Financial Value/Benefit (if applicable)\*** | | | |
| $0 - $5000 | $5001-$10,000 | $10,001- $50,000 | Above $50,000 |
| Financial | * Previous, current or potential grants and research funding * Payments/Gifts/Gratuities/Honoraria * Investments in business, securities or stocks * Payments as an advisor, consultant, speaker, educational lecturer or chair * Travel/meeting/conference expense sponsorship * Personal education funding * Other | Click to enter Year. | Click to enter details. |  |  |  |  |
| Intellectual | * Public statements * Publications and presentations * Expert testimonies in court * Other | Click to enter Year. | Click to enter details. |  |  |  |  |
| Personal | * Affiliations, membership or association with specific groups or organizations * Access to confidential information * Lobbying activities * Advocacy, volunteering and consulting activities * Pending contract negotiations * Other | Click to enter Year. | Click to enter details. |  |  |  |  |
| Other | Click to specify. | Click to enter Year. | Click to enter details. |  |  |  |  |

*\*Please use a check mark to indicate the appropriate amount*

* 1. **I hereby certify that I have disclosed all relevant information that may place me in a real or perceived conflict of interest. Except as disclosed above, I declare that I have no conflict of interest to report, as defined in the SPOR Evidence Alliance COI Policy.**
  2. **I agree to inform the SPOR Evidence Alliance Central Coordinating office of any change in circumstances that may create a conflict of interest, as soon as it is known to me. I also agree to inform the SPOR Evidence Alliance Central Coordinating office of any as project-specific conflict of interest prior to participating in a project.**

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| --- | --- |
| **Signature:** | **Date:** Click or tap to enter a date. |