# 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. |