

Name [please print]: _____

Institution: _____

Financial Conflict of Interest Disclosure Form 2024

(Version Date: January 2024)

Instructions for Completing this Form:

Using the link provided in the **Notification for COI** email you received, you will find a listing of all trials and entities that fall under this policy. Please review this listing and answer the following questions based on your role as either:

1. Chair or Member of a Trial Committee – You need only report remuneration (income, stock ownership, intellectual property, etc.) from entities that are involved with trials for which you are a trial committee member or chair; or
2. Chair or Executive Member of Disease Site Committees – You need only report remuneration (income, stock ownership, intellectual property, etc.) from entities that are involved with trials in the site committee for which you serve as a member of the executive or chair; or
3. Member of Clinical Trials Committee, Chair or Member of the Data Safety Monitoring Committee, Committee on Economic Analysis, Quality of Life Committee or Correlative Sciences and Tumour Biology Executive Committee, Central Operations and Statistics Office staff – Please answer the questions below related to all trials and entities included on the attached listing.

1. Publicly-Traded Entity

- a. Within the last 12 months, have you (or has an immediate family member as defined in the Conflict of Interest Policy) received any remuneration (i.e. salary and any payment for services not otherwise identified as salary [e.g. consulting fees, honoraria, paid authorship) from the entity as of the date of disclosure that, when aggregated, **totals more than \$5000**? If yes, please also indicate if greater than \$25,000.

No

Yes

Describe for each entity:

Trial	Entity	>\$25,000
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

- b. Within the last 12 months, do you have any equity interest (i.e. stock, stock option, or other ownership) in the entity as of the date of disclosure that, when aggregated, **totals more than \$5000**? If yes, please also indicate if greater than \$50,000.

No

Yes

Describe for each entity:

Trial	Entity	>\$50,000
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

2. Non-Publicly-Traded Entity

- a. Within the last 12 months, have you (or has an immediate family member as defined in the Conflict of Interest Policy) received any remuneration (i.e. salary and any payment for services not otherwise identified as salary [e.g. consulting fees, honoraria, paid authorship) from the entity as of the date of disclosure that, when aggregated, **totals more than \$5000**? If yes, please also indicate if greater than \$25,000.

No

Yes

Describe for each entity (please add lines as needed):

Trial	Entity	>\$25,000
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

b. Within the last 12 months, do you have (or does an immediate family member as defined in the Conflict of Interest Policy) **any** equity interest (e.g. stock, stock option or other ownership interest)? Please indicate whether value is known, and, if yes, please indicate if greater than \$25,000.

No

Yes

Describe for each entity (please add lines as needed):

Trial	Entity	Value Known	>\$25,000
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> No	

3. Intellectual Property

Within the last 12 months have you received income from any intellectual property rights or interests (e.g. patents, copyrights) from the entity as of the date of disclosure that, when aggregated, **totals more than \$5000**? If yes, please indicate if greater than \$25,000.

No

Yes

Describe for each entity (please add lines as needed):

Trial	Entity	>\$25,000
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Travel

4. Within the last 12 months, please **describe the occurrence of any reimbursed or sponsored travel (that was paid on your behalf and not reimbursed to you) related to your CCTG responsibilities.** Please note this does not apply to travel that is reimbursed or sponsored by a government agency, an institution of higher learning, an academic teaching hospital, a medical centre, or a research institute that is affiliated with an institution of higher learning nor to travel reimbursed by Central Office nor to activities prior to the decision to develop a proposal through the Canadian Cancer Trials Group.

Not applicable

Travel (e.g. flight/rail, meals, accommodation)	Name of Entity (i.e. that paid/reimbursed travel)	Purpose of Travel	Destination	Duration (dd/mm/yy to dd/mm/yy)	Total Monetary Value (if known)

Other

5. Do you have (or does an immediate family member defined in the Conflict of Interest Policy) any additional interest, affiliation or relationship, financial or otherwise with an entity which may create or be perceived as a financial conflict of interest or that may be influenced by outcome of the study, such as intellectual property rights, the receipt of trips, gifts, or incentives, or a position as a director, board member, officer, partner, trustee, etc.

No

Yes

Describe for each entity (please add lines as needed):

Trial	Entity	Role (if applicable)	Amount (if applicable)

I have read the Canadian Cancer Trials Group's Financial Conflict of Interest Policy. By signing this disclosure form upon completion, I acknowledge that I have received training regarding my disclosure and other responsibilities regarding financial conflict of interest as outlined in this policy. I have made the declaration(s) above concerning any possible conflict of interest that I or my family members may have with respect to Group research activities.

I represent and warrant that to the best of my knowledge I am, and will continue to be, in compliance with the conflicts of interest and disclosure policies of the Canadian Cancer Trials Group, and there is not now, nor do I know that there will be in the future, any material discrepancy between information disclosed pursuant to those policies and the information disclosed herein. I agree to supplement this document, or provide separate documentation, as required by this policy and within 30 days and as reasonably required by the Group to comply with rules and regulations of governmental agencies to which applications for grants or other funding are made by or on behalf of the Group.

Signature: _____

Date: _____

Return by email, mail or fax to:

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