



كلية الطب
لجنة اخلاقيات
البحوث الطبية



الكلية معتمدة من الهيئة القومية لضمان جودة التعليم والاعتماد



جامعة سوهاج

Medical Research Ethical Committee of Sohag Faculty of Medicine

Conflict of Interest Declaration Form

Personal Information:

	1 st researcher	2 nd researcher	3 rd researcher	4 th researcher	5 th researcher
Full Name					
Position/Title					
Department:					
Contact Email					
Contact Number					

Conflict of Interest Declaration:

We hereby declare that we certify that we do not have any financial or personal interests that conflict or could potentially conflict with the interests of the interests of the personnel's or patients going to be part of our study.

If we become aware of any potential conflicts of interest during the research time, we agree to promptly disclose such conflicts to the ethical committee of Sohag faculty of Medicine.

Declaration:

We hereby declare that the information provided above is true and accurate to the best of our knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____