TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CENTRAL OFFICE INSTITUTIONAL REVIEW BOARD
DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Protocol #: _____-_____-_____

DSHS and DADS' Rule Governing Research in TDMHMR Facilities mandates that all research personnel disclose any potential conflicts of interest, financial and otherwise, that may occur if the research is conducted. The Institutional Review Board will consider the nature of the potential conflict(s) of interest and the role of the individual in the study along with the risks and benefits to potential subjects in deciding whether to approve a proposed research protocol.

Please describe all potential conflicts of interest that you may have with regards to the proposed research. Provide sufficient detail for the Board to determine degree of risk and severity of potential conflict. Please note that most investigators have some conflict of interest, such as the need to use the research to complete an educational requirement or maintain funding for salary. A conflict, in and of itself, does not mean that research can not be conducted ethically and with full protections for potential subjects. If no known conflict of interests exists, please indicate below.

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I certify that I have provided a full description of any potential conflicts of interest that I can foresee in the conduct of this proposed research protocol. I acknowledge my responsibility to report any future conflicts of interest that may arise to the Central Office IRB for consideration.

_____ _____
Signature of Key Research Personnel Date