# Potential competing interests of XXXX Committee members for *XXX clinical trial.*

The avoidance of any perception that members of a DMC may be biased in some fashion is important for the credibility of the decisions made by the DMC and for the integrity of the trial.

Possible competing interest should be disclosed via the trial’s office. In many cases simple disclosure up front should be sufficient. Otherwise, the (potential) DMC member should remove the conflict or stop participating in the DMC. Table 1 lists potential competing interests.

##### Table 1: Potential competing interests:

|  |
| --- |
| * Stock ownership in any commercial companies involved (i.e., IMP provider) |
| * Stock transaction in any commercial company involved (if previously holding stock) * Close research collaborator of a member of the trial team * Close colleague of a member of the trial team |
| * Consulting arrangements with the sponsor |
| * Frequent speaking engagements on behalf of the intervention |
| * Career tied up in a product or technique assessed by trial |
| * Hands-on participation, including friends or family, in the trial |
| * Involvement in the running of the trial |
| * Emotional involvement in the trial |
| * Intellectual conflict e.g., strong prior belief in the trial’s experimental arm |
| * Involvement in regulatory issues relevant to the trial procedures |
| * Investment (financial or intellectual) in competing products |
| * Involvement in the publication * Family or friends who are employed by or involved in the subcontracted third parties or IMP/device provider/manufacturer * Other (please list below) |

Please complete the following section and return to the trial’s office.

|  |  |
| --- | --- |
|  | **No,** I have no competing interests to declare |
|  | **Yes,** I have competing interests to declare (please detail below) |

|  |  |
| --- | --- |
| Please provide details of any competing interests: |  |
|  |  |
|  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_