University of Ghana Medical Centre
Medical and Scientific Research Centre (MSRC)
Conflict of Interest Declaration for IRB Members

I understand that:

A conflict of interest is a conflict between my duties and responsibilities with regard to the review process, and my private, professional, business or public interests. There may be a real, perceived or potential conflict of interest when me, as a member of UGMC-IRB:

a. could or would receive potential professional or personal benefit resulting from the research protocol under review;
b. have a direct financial interest in a funding opportunity or grant for the protocol being reviewed.

A conflict of interest exists or could be perceived to exist as such when me, as a member of IRB:

a. are a family member with the applicant;
b. are in a position to gain or lose financially/materially from the funding of the grant proposal;
c. have had long-standing scientific or personal differences with the principal investigator or any of the co-investigators.
d. feel for any reason that you are unable to provide an impartial review of the application.

No IRB member may participate in the review process of a protocol with which he/she is in conflict of interest. If you have or become aware of a conflict of interest you are required to disclose the conflict to MSRC as soon as possible. MSRC will determine what measures are required to ensure the integrity of the review process.

I declare that:

1. To the best of my knowledge, I will declare a conflict of interest when one exists. I understand that I must notify MSRC if a conflict exists or arises during a protocol review process as an IRB member. I further understand that I must declare a conflict interest for any proposal I review.

2. I have reviewed or have been given the opportunity to review this Conflict of Interest Declaration and I understand and agree to the foregoing provisions.

_____ _____

NAME SIGNATURE

DATE _____

University of Ghana Medical Centre
Medical and Scientific Research Centre(MSRC)
Confidentiality of Information Declaration

I understand that:

As an IRB member, engaged to conduct a review of research protocol of studies to be conducted in UGMC, I have access to confidential and highly sensitive information;

1. This includes all information (whether verbal, written, or electronic) conveyed to me, including but not limited to all research protocol submissions and all protocol submission-related documents under review, as well as the content of any deliberations and decisions that occur during meetings and outside of meetings;
2. I have a duty to ensure that information accessible to me remain confidential. If materials are downloaded or printed, once the materials have fulfilled their purpose, they shall be destroyed in a secure manner (e.g., shredded);
3. MSRC is committed to protecting the confidentiality and security of all personal information including the comments, opinions and all oral and written reports of reviewers in fulfillment of their responsibilities. However, MSRC may send to Applicants reviews of their own protocols without name, affiliation, or other identifying information of IRB members. You are required to keep confidential the identities of all Applicants, named collaborators (if any) and of other reviewers and not disclose their identities, the relative assessments or rankings of proposals by a peer review panel, or other details about the peer review of proposals.
4. MSRC must keep accurate and complete records of the research protocols, and supporting documentation, and the content of expert reviews, in accordance with the MSRC Records Keeping SOP. The identity of reviewers will be shared only where MSRC is required to do so by law.
5. To employ all reasonable efforts to maintain, in perpetuity, the confidentiality and privacy of the information that I have access to as a result of my participation in or support of reviews of research protocols.

I declare that:

1. I will not, without authorization, make use of, disclose or make known, any information whatsoever that comes to my knowledge by reason of the review of any research protocol assigned to me by MSRC.
2. I have reviewed or have been given the opportunity to review this Confidentiality of Information Declaration and I understand and agree to the foregoing provisions.

_____ _____

NAME SIGNATURE

DATE _____