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| Section 100: | General Administration |
| Title: | Conflict of Interest: HSREB Members and Office Personnel |
| SOP Code: | 105.001A |
| Effective Date: | 2015MAY25 |

Site Approvals

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| Signature of Responsible Individual: | | |
| Ethics Compliance Advisor |  | 2015 MAY 22 Date |
| | Name: Jennifer Couture | |
| Approval Authority: | | |
| Chair, HSREB |  | May 22, 2015 Date |
| | Name: Dr. Albert Clark | |
| Approval Authority: | | |
| Director, Research Ethics Compliance |  | May 22, 2015 Date |
| | Name: Dr. Andrew Winterborn | |

1.0 PURPOSE

This SOP describes potential Conflicts of Interest (COI) for HSREB members (including the HSREB Chair and any ad hoc advisors) and HSREB Office Personnel, and describes the requirements and procedures for disclosure and management of COI.

2.0 SCOPE

This SOP pertains to the HSREB that reviews human participant research in compliance with applicable regulations, guidelines and current and emerging best practices.

3.0 RESPONSIBILITIES

All HSREB members and HSREB Office Personnel are responsible for disclosing any real, potential or perceived COI and for ensuring that the requirements of this SOP are met.

4.0 DEFINITIONS

See Glossary of Terms.

5.0 PROCEDURES

A COI (real, potential or perceived) may arise when an individual is placed in a situation where his or her professional, personal or financial interests conflict with their responsibilities to the HSREB. The most common type of COI occurs when an individual is directly involved in a research project that has been submitted for HSREB review, in which they are directly involved or have a friend/colleague involved in the research. COI may also be an issue if an individual has a financial interest in the research project or a relationship with a funder or sponsor. Such competing interests may influence his or her professional judgment, objectivity and independence and can potentially influence the outcome of a HSREB decision, for personal benefit. A COI may exist even if no unethical or improper act results from the conflict.

For the purposes of this Policy, immediate family member means a spouse, partner, parent, child or sibling, as defined by the Queen's University Conflict of Interest and Conflict of Commitment Policy for Faculty (See Appendix 1 SOP 105B Conflicts of Interest Researchers).

The HSREB should identify and manage COI to maintain the confidence and trust of the public, the institution, researchers and colleagues, and to maintain the independence and integrity of the ethics review. If a COI cannot be avoided, procedures should be in place to mitigate the conflict.

The HSREB must be perceived to be fair and impartial, immune from pressure either by the sponsor, Queen's University and Affiliated Teaching Hospitals or the Researchers whose research is being reviewed, or by other professional and/or non-professional sources.

The standard that guides decisions about determining COI is whether an independent observer could reasonably question whether the individual's actions or decisions are based on factors other than the rights, welfare and safety of the participants.

5.1 HSREB Reviewer Assignment

- 5.1.1 All HSREB members will be asked to sign a Conflict of Interest (COI) Disclosure Form annually as a reminder that COI must be disclosed;
- 5.1.2 The HSREB Chair or designee reviews the agenda prior to the HSREB meeting to identify potential COI;
- 5.1.3 When the agenda is distributed, HSREB members are expected to disclose as soon as possible, any conflicting interest(s) for any of the projects on the agenda;
- 5.1.4 If a member is unclear as to whether a COI exists, he or she must contact the HSREB Chair or designee to seek clarification. The HSREB Chair or designee will determine whether the circumstances should be defined as a COI and the member shall follow the HSREB's decision regarding any actions required to mitigate his/her real or perceived COI;

5.1.5 If a COI is identified in the reviewer assignments, the project is assigned to another HSREB member.

5.2 Full Board review

5.2.1 HSREB members are reminded of their obligation to orally disclose/declare any real, potential or perceived COI during the Full Board meeting;

5.2.2 All declared COI will be recorded in the HSREB meeting minutes. For any declared COI the HSREB member will leave the room during discussions of the research project in which they have a COI and their name will not appear in the relevant Delegated/Amendment/Renewal/Adverse Event Report(s);

5.2.3 If a COI is declared and determined as such, the HSREB member may be asked to provide information about the research, but must be recused for the deliberation and decision;

5.2.4 The HSREB member's recusal will be recorded in the minutes and the HSREB member will not be counted towards quorum;

5.3 Delegated Review

5.3.1 The HSREB Chair or designee will assess projects undergoing the delegated review process to determine potential COI;

5.3.2 HSREB members involved in the delegated review process are expected to disclose any conflicting interests;

5.3.3 If a COI is identified, the project is assigned to another HSREB member.

5.4 HSREB Chair

5.4.1 In the event that the HSREB Chair declares a COI, the Vice-Chair or alternate HSREB member will assume the HSREB Chair's responsibilities for the specific project(s).

5.5 HSREB Office Personnel

5.5.1 All HSREB Office Personnel are expected to disclose any conflicts that arise and any HSREB Office Personnel whose job status or compensation is impacted by research that is reviewed by the HSREB must excuse themselves when such research is reviewed (i.e. HSREB Office Personnel have been cared for by a clinician that has submitted a research application; HSREB Office Personnel have a vested interest in the findings of a research project);

5.5.2 Any disclosure of a COI by HSREB Office Personnel should be referred to the Director of Research Ethics Compliance for the development of a management plan;

5.5.3 If HSREB Office Personnel are unclear as to whether a COI exists, they must contact the HSREB Chair or designee or the Director of Research Ethics Compliance to seek clarification. The Director of

Research Ethics Compliance shall determine whether the circumstances should be defined as a COI.

5.6 External Ad Hoc Advisors

- 5.6.1 At his/her discretion, the HSREB Chair or designee may invite individuals with competence in special areas to assist in the review of issues that require expertise beyond or in addition to that available on the HSREB;
- 5.6.2 All ad hoc advisors must sign a Confidentiality Agreement and Conflict of Interest Disclosure Form prior to commencement of their consultation, and disclose any COI to the HSREB Chair or designee;
- 5.6.3 Any disclosure of a COI by an ad hoc advisor should be referred to the HSREB Chair or designee for the development of a management plan, as applicable;
- 5.6.4 If ad hoc advisors are unclear as to whether a COI exists, they must contact the HSREB Chair or designee to seek clarification. The HSREB Chair or designee will determine whether the circumstances should be defined as a COI.

5.7 Documentation

- 5.7.1 All HSREB members, visitors and ad hoc advisors sign a Confidentiality Agreement and Conflict of Interest Disclosure Form and agree to abide by the HSREB COI and confidentiality policies;
- 5.7.2 HSREB members sign a Confidentiality Agreement and Conflict of Interest Disclosure Form annually;
- 5.7.3 The signed Confidentiality Agreement and Conflict of Interest Disclosure Form will be filed in the Office of Research Ethics;
- 5.7.4 The HSREB minutes will record any COI that is declared on any of the projects under review at the HSREB meeting, and the decision on the management of the conflict if applicable;
- 5.7.5 The HSREB minutes will also record the recusal of an HSREB member;
- 5.7.6 At the time of hire, all HSREB Office Personnel sign a Confidentiality Agreement and Conflict of Interest Disclosure Form as a condition of their employment with the Queen's University agreeing to abide by the COI and confidentiality policies of the Queen's University and Affiliated Teaching Hospitals. HSREB Office Personnel must also comply with HSREB COI SOPs;
- 5.7.7 The signed Confidentiality Agreements and Conflict of Interest Disclosure Forms will be filed in the Office of Research Ethics;
- 5.7.8 The HSREB management plan for Research COI declarations will be documented in the appropriate research files. Any discussion at

the HSREB meeting regarding the COI and the management plan will be documented in the HSREB meeting minutes.

6.0 REFERENCES

See References.

7.0 APPENDICES

1. Confidentiality Agreement – HSREB Members
2. Confidentiality Agreement – HSREB Staff Members
3. Confidentiality Agreement – HSREB Visitors
4. Confidentiality Agreement – HSREB Ad Hock Advisors
5. Confidentiality Agreement – HSREB Alternate Members
6. Conflict of Interest Disclosure Form for HSREB Members
7. Conflict of Interest Disclosure Form for HSREB Staff Members
8. Conflict of Interest Disclosure Form for HSREB Visitors
9. Conflict of Interest Disclosure Form for Ad Hock Advisors
10. Conflict of Interest Disclosure Form – Alternate Members

8.0 REVISION HISTORY

| SOP Title | Version | Updates |
|--|-------------------------|--|
| Conflict of Interest: HSREB Members and Office Personnel | v.105.001A 2015MAY25 | Original: Adoption of standardized SOPs developed by CAREB/N2 with an effective date of 2014SEP15. Minor modifications were made to the CAREB/N2 SOPs to reflect institutional policies. |



Conflict of Interest Disclosure Form for Members of the Health Sciences and Affiliated Teaching Hospital Research Ethics Board (HSREB)

This form is to be completed annually by all HSREB Members and provided to the HSREB Chair or Ethics Coordinator for filing in the Office of Research Ethics.

This form must be submitted **annually** by February 1st.

A COI (real, potential or perceived) may arise when an individual is placed in a situation where his or her professional, personal or financial interests conflict with their responsibilities to the HSREB. The most common type of COI occurs when an individual is directly involved in a research project that has been submitted for HSREB review, in which they are directly involved or have a friend/colleague involved in the research. COI may also be an issue if an individual has a financial interest in the research project or a relationship with a funder or sponsor. Such competing interests may influence his or her professional judgment, objectivity and independence and can potentially influence the outcome of a HSREB decision, for personal benefit. A COI may exist even if no unethical or improper act results from the conflict. For the purposes of this document, immediate family member means a spouse, partner, parent, child or sibling.

Conflicts of Interest

1. HSREB Board Members have a fiduciary duty to conduct themselves without conflict to the interests of the HSREB. In their capacity as HSREB Members, they must subordinate personal interests, business interests, interests of third parties, and other interests to the welfare and best interests of the HSREB.
2. A real, potential or perceived conflict of interest arises when a Board Member is placed in a situation where his or her personal interest, financial or other, or that of an immediate family member or of a person with whom there exists, or has recently existed an intimate, personal relationship, conflicts or appears to conflict with his or her responsibilities to the HSREB. For instance, and without limitation, a Board Member may be in a conflict of interest if the exercise of his or her duties as a Board Member provides an opportunity for a relative, friend, or associate to further their private interests.
3. All conflicts of interest are not necessarily prohibited or harmful to the HSREB. However, full disclosure of all real, potential or perceived conflicts and a determination by the HSREB Chair or designee may be required.
4. All real, potential or perceived conflicts of interests shall be disclosed by HSREB Board Members to the HSREB and Queen's University through this Conflict of Interest Disclosure Form or directly to the HSREB Chair or designee whenever a

HSREB Member COI Disclosure Form v.2015MAY25



conflict arises. The HSREB Chair or designee shall make a determination as to whether a prohibited conflict exists and what subsequent action is appropriate (if any). The HSREB Chair or designee shall inform the disinterested members of the HSREB of such determination and action. The HSREB Chair shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

5. All HSREB Members are required to complete and sign the Acknowledgment and Disclosure form below on an annual basis. All completed forms and all other conflict information, if any, provided by HSREB Members, shall be provided to the HSREB Chair or Ethics Coordinator, and reviewed by the Ethics Compliance Advisor and the Director of Research Ethics at Queen's University as applicable.

Disclosure

Please provide details of any and all real, potential, or perceived conflicts of interest, as defined above. If further space is required, please attach additional pages and indicate the number of pages:

Acknowledgement

As a Member of the HSREB, I acknowledge and agree that I owe a fiduciary duty of loyalty to Queen's University and to the HSREB. This duty requires me to avoid conflicts of interest and to act at all times in the best interests of Queen's University and the HSREB.

I have disclosed above any and all conflicts of interest whether real, potential, or perceived.



I acknowledge and agree that compliance with the terms set out above constitutes an essential requirement of my participation on the HSREB as a Member, and that any failure to comply may result in my removal from the HSREB.

If at any time following the submission of this form I become aware of any real, potential, or perceived conflicts of interest, or if the information I have provided in this form becomes inaccurate or incomplete, I will promptly notify the HSREB Chair or Ethics Coordinator.

I acknowledge and agree that any failure to disclose actual or potential conflicts of interest may result in my removal from the HSREB as a Board Member.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



**Conflict of Interest Disclosure Form
For Staff Members of the
Health Sciences and Affiliated Teaching Hospital Research Ethics Board
("HSREB")**

This form is to be completed annually by HSREB staff members and provided to the Ethics Compliance Advisor and/or the Director of Research Ethics at Queen's University for filing in the Office of Research Ethics.

This form must be submitted **annually** by February 1st.

Conflicts of Interest

A COI (real, potential or perceived) may arise when an individual is placed in a situation where his or her professional, personal or financial interests conflict with their responsibilities to the HSREB. The most common type of COI occurs when an individual is directly involved in a research project that has been submitted for HSREB review, in which they are directly involved or have a friend/colleague involved in the research. COI may also be an issue if an individual has a financial interest in the research project or a relationship with a funder or sponsor. Such competing interests may influence his or her professional judgment, objectivity and independence and can potentially influence the outcome of a HSREB decision, for personal benefit. A COI may exist even if no unethical or improper act results from the conflict. For the purposes of this document, immediate family member means a spouse, partner, parent, child or sibling.

1. Staff Members have a fiduciary duty to conduct themselves without conflict to the interests of the HSREB. In their capacity as HSREB Staff Members, they must subordinate personal interests, business interests, interests of third parties, and other interests to the welfare and best interests of the HSREB.
2. A conflict of interest (real, potential or perceived), arises when a Staff Member is placed in a situation where his or her personal interest, financial or other, or that an immediate family member, or a person with whom there exists or has recently existed an intimate, personal relationship, conflicts or appears to conflict with his or her primary responsibility to the HSREB and to Queen's University. For instance, and without limitation, a Staff Member may be in a conflict of interest if the exercise of his or her duties as a Staff Member provides an opportunity for a relative, friend, or associate to further their private interests.
3. All conflicts of interest are not necessarily prohibited or harmful to the HSREB. However, full disclosure of all real, potential or perceived conflicts, and a determination by the Director of Research Ethics Compliance, may be required.



4. All real, potential or perceived conflicts of interest shall be disclosed by HSREB Staff Members both annually to Queen's University through this Conflict of Interest Disclosure Form or directly to the Director of Research Ethics Compliance whenever a conflict arises. The Director of Research Ethics Compliance shall make a determination as to whether a prohibited conflict exists and what subsequent action is appropriate (if any).
5. All HSREB Staff Members are required to complete and sign the Acknowledgment and Disclosure form below on an annual basis. All completed forms and all other conflict information, if any, provided by HSREB Staff Members, shall be provided to the Ethics Compliance Advisor and/or to the Director of Research Ethics Compliance at Queen's University.

Disclosure

Please provide details of any and all real, potential, or perceived conflicts of interest, as defined above and in the SOP. If further space is required, please attach additional pages and indicate the number of pages:

Acknowledgement

As a Staff Member of the HSREB, I acknowledge and agree that I owe a fiduciary duty of loyalty to Queen's University and to the HSREB. This duty requires me to avoid conflicts of interest and to act at all times in the best interests of Queen's University and the HSREB.

I have disclosed above any and all conflicts of interest, whether real, potential, or perceived.

I acknowledge and agree that compliance with the SOP and with the terms set out above constitutes an essential term and requirement of my employment with the



HSREB, and that any failure to comply may result in disciplinary measures up to and including termination.

If at any time following the submission of this form I become aware of any real, potential, or perceived conflicts of interest, or if the information provided in this form becomes inaccurate or incomplete, I will promptly notify the Director of Research Ethics Compliance at Queen's University. I acknowledge and agree that any failure to disclose real, potential, or perceived conflicts of interest may result in disciplinary measures up to and including termination.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



**Conflict of Interest Disclosure Form for Visitors of the
Health Sciences and Affiliated Teaching Hospital Research Ethics Board
("HSREB")**

This form is to be completed by Visitors attending a HSREB Meeting or that have access to HSREB confidential information and provided to the HSREB Chair, Ethics Coordinator or Ethics Compliance Advisor for filing in the Office of Research Ethics.

A COI (real, potential or perceived) may arise when an individual is placed in a situation where his or her professional, personal or financial interests conflict with their responsibilities to the HSREB. The most common type of COI occurs when an individual is directly involved in a research project that has been submitted for HSREB review, in which they are directly involved or have a friend/colleague involved in the research. COI may also be an issue if an individual has a financial interest in the research project or a relationship with a funder or sponsor. Such competing interests may influence his or her professional judgment, objectivity and independence and can potentially influence the outcome of a HSREB decision, for personal benefit. A COI may exist even if no unethical or improper act results from the conflict. For the purposes of this document, immediate family member means a spouse, partner, parent, child or sibling.

Conflicts of Interest

1. HSREB Visitors have a fiduciary duty to conduct themselves without conflict to the interests of the HSREB. In their capacity as Visitors of the HSREB, they must subordinate personal interests, business interests, interests of third parties, and other interests to the welfare and best interests of the HSREB.
2. A real, potential or perceived conflict of interest arises when a HSREB Visitor is placed in a situation where his or her personal interest, financial or other, or that of an immediate family member or of a person with whom there exists, or has recently existed an intimate, personal relationship, conflicts or appears to conflict with his or her responsibilities to the HSREB. For instance, and without limitation, a Visitor may be in a conflict of interest if the exercise of his or her duties as a Visitor provides an opportunity for a relative, friend, or associate to further their private interests.
3. All conflicts of interest are not necessarily prohibited or harmful to the HSREB. However, full disclosure of all real, potential or perceived conflicts and a determination by the HSREB Chair or designee may be required.
4. All real, potential or perceived conflicts of interests shall be disclosed by HSREB Visitors to the HSREB and Queen's University through this Conflict of Interest Disclosure Form or directly to the HSREB Chair or designee whenever a conflict arises. The HSREB Chair or designee shall make a determination as to whether a



prohibited conflict exists and what subsequent action is appropriate (if any). The HSREB Chair or designee shall inform the HSREB of such determination and action. The HSREB Chair shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

5. All HSREB Visitors are required to complete and sign the Acknowledgment and Disclosure form below. All completed forms and all other conflict information, if any, provided by HSREB Visitors, shall be provided to the HSREB Chair or Ethics Coordinator, and reviewed by the Ethics Compliance Advisor and the Director of Research Ethics at Queen's University as applicable.

Disclosure

Please provide details of any and all real, potential, or perceived conflicts of interest. If further space is required, please attach additional pages and indicate the number of pages:

Acknowledgement

As a Visitor to the HSREB meeting or if I am granted access to HSREB confidential information, I acknowledge and agree that I owe a fiduciary duty of loyalty to Queen's University and to the HSREB. This duty requires me to avoid conflicts of interest and to act at all times in the best interests of Queen's University and the HSREB.

I have disclosed above any and all conflicts of interest (as defined above), whether real, potential, or perceived.

I acknowledge and agree that any failure to disclose actual or potential conflicts of interest may result in my removal from the HSREB meeting and/or my access to HSREB confidential information may be revoked.



In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



Conflict of Interest Disclosure Form for Ad Hoc Advisors of the Health Sciences and Affiliated Teaching Hospital Research Ethics Board (HSREB)

This form is to be completed by all HSREB Ad Hoc Advisors and provided to the HSREB Chair, Ethics Coordinator or Ethics Compliance Advisor for filing in the Office of Research Ethics.

A COI (real, potential or perceived) may arise when an individual is placed in a situation where his or her professional, personal or financial interests conflict with their responsibilities to the HSREB. The most common type of COI occurs when an individual is directly involved in a research project that has been submitted for HSREB review, in which they are directly involved or have a friend/colleague involved in the research. COI may also be an issue if an individual has a financial interest in the research project or a relationship with a funder or sponsor. Such competing interests may influence his or her professional judgment, objectivity and independence and can potentially influence the outcome of a HSREB decision, for personal benefit. A COI may exist even if no unethical or improper act results from the conflict. For the purposes of this document, immediate family member means a spouse, partner, parent, child or sibling.

Conflicts of Interest

1. HSREB Ad Hoc Advisors have a fiduciary duty to conduct themselves without conflict to the interests of the HSREB. In their capacity as Ad Hoc Advisors, they must subordinate personal interests, business interests, interests of third parties, and other interests to the welfare and best interests of the HSREB.
2. A real, potential or perceived conflict of interest arises when an Ad Hoc Advisor is placed in a situation where his or her personal interest, financial or other, or that of an immediate family member or of a person with whom there exists, or has recently existed an intimate, personal relationship, conflicts or appears to conflict with his or her responsibilities to the HSREB. For instance, and without limitation, an Ad Hoc Advisor may be in a conflict of interest if the exercise of his or her duties as an Ad Hoc Advisor provides an opportunity for a relative, friend, or associate to further their private interests.
3. All conflicts of interest are not necessarily prohibited or harmful to the HSREB. However, full disclosure of all real, potential or perceived conflicts and a determination by the HSREB Chair or designee may be required.
4. All real, potential or perceived conflicts of interests shall be disclosed by HSREB Ad Hoc Advisors to the HSREB and Queen's University through this Conflict of Interest Disclosure Form or directly to the HSREB Chair or designee whenever a conflict arises. The HSREB Chair or designee shall make a determination as to

HSREB Ad Hoc Advisor COI Disclosure Form v.2015MAY25



whether a prohibited conflict exists and what subsequent action is appropriate (if any). The HSREB Chair or designee shall inform the HSREB of such determination and action. The HSREB Chair shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

5. All HSREB Ad Hoc Advisors are required to complete and sign the Acknowledgment and Disclosure form below. All completed forms and all other conflict information, if any, provided by HSREB Ad Hoc Advisors, shall be provided to the HSREB Chair or Ethics Coordinator, and reviewed by the Ethics Compliance Advisor and the Director of Research Ethics at Queen's University as applicable.

Disclosure

Please provide details of any and all real, potential, or perceived conflicts of interest, as defined above. If further space is required, please attach additional pages and indicate the number of pages:

Acknowledgement

As an Ad Hoc Advisor of the HSREB, I acknowledge and agree that I owe a fiduciary duty of loyalty to Queen's University and to the HSREB. This duty requires me to avoid conflicts of interest and to act at all times in the best interests of Queen's University and the HSREB.

I have disclosed above any and all conflicts of interest whether real, potential, or perceived.

I acknowledge and agree that compliance with the terms set out above constitutes an essential requirement of my participation on the HSREB as an Ad Hoc Advisor, and



that any failure to comply may result in my removal from the HSREB as an Ad Hoc Advisor.

If at any time following the submission of this form I become aware of any real, potential, or perceived conflicts of interest, or if the information I have provided in this form becomes inaccurate or incomplete, I will promptly notify the HSREB Chair or Ethics Coordinator.

I acknowledge and agree that any failure to disclose actual or potential conflicts of interest may result in my removal from the HSREB as an Ad Hoc Advisor.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



Conflict of Interest Disclosure Form for Alternate Members of the Health Sciences and Affiliated Teaching Hospital Research Ethics Board (HSREB)

This form is to be completed by all HSREB Alternate Members and provided to the HSREB Chair or Ethics Coordinator for filing in the Office of Research Ethics.

A COI (real, potential or perceived) may arise when an individual is placed in a situation where his or her professional, personal or financial interests conflict with their responsibilities to the HSREB. The most common type of COI occurs when an individual is directly involved in a research project that has been submitted for HSREB review, in which they are directly involved or have a friend/colleague involved in the research. COI may also be an issue if an individual has a financial interest in the research project or a relationship with a funder or sponsor. Such competing interests may influence his or her professional judgment, objectivity and independence and can potentially influence the outcome of a HSREB decision, for personal benefit. A COI may exist even if no unethical or improper act results from the conflict. For the purposes of this document, immediate family member means a spouse, partner, parent, child or sibling.

Conflicts of Interest

1. Alternate Board Members have a fiduciary duty to conduct themselves without conflict to the interests of the HSREB. In their capacity as HSREB Alternate Members, they must subordinate personal interests, business interests, interests of third parties, and other interests to the welfare and best interests of the HSREB.
2. A real, potential or perceived conflict of interest arises when an Alternate Board Member is placed in a situation where his or her personal interest, financial or other, or that of an immediate family member or of a person with whom there exists, or has recently existed an intimate, personal relationship, conflicts or appears to conflict with his or her responsibilities to the HSREB. For instance, and without limitation, an Alternate Board Member may be in a conflict of interest if the exercise of his or her duties as an Alternate Board Member provides an opportunity for a relative, friend, or associate to further their private interests.
3. All conflicts of interest are not necessarily prohibited or harmful to the HSREB. However, full disclosure of all real, potential or perceived conflicts and a determination by the HSREB Chair or designee may be required.
4. All real, potential or perceived conflicts of interests shall be disclosed by HSREB Ad Hoc Advisors to the HSREB and Queen's University through this Conflict of Interest Disclosure Form or directly to the HSREB Chair or designee whenever a conflict arises. The HSREB Chair or designee shall make a determination as to



whether a prohibited conflict exists and what subsequent action is appropriate (if any). The HSREB Chair or designee shall inform the HSREB of such determination and action. The HSREB Chair shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

5. All HSREB Alternate Members are required to complete and sign the Acknowledgment and Disclosure form below. All completed forms and all other conflict information, if any, provided by HSREB Alternate Members, shall be provided to the HSREB Chair or Ethics Coordinator, and reviewed by the Ethics Compliance Advisor and the Director of Research Ethics at Queen's University as applicable.

Disclosure

Please provide details of any and all real, potential, or perceived conflicts of interest, as defined above. If further space is required, please attach additional pages and indicate the number of pages:

Acknowledgement

As an Alternate Member of the HSREB, I acknowledge and agree that I owe a fiduciary duty of loyalty to Queen's University and to the HSREB. This duty requires me to avoid conflicts of interest and to act at all times in the best interests of Queen's University and the HSREB.

I have disclosed above any and all conflicts of interest whether real, potential, or perceived.



I acknowledge and agree that compliance with the terms set out above constitutes an essential requirement of my participation on the HSREB as an Alternate Member, and that any failure to comply may result in my removal from the HSREB.

If at any time following the submission of this form I become aware of any real, potential, or perceived conflicts of interest, or if the information I have provided in this form becomes inaccurate or incomplete, I will promptly notify the HSREB Chair or Ethics Coordinator.

I acknowledge and agree that any failure to disclose actual or potential conflicts of interest may result in my removal from the HSREB as an Alternate Member.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



**Confidentiality Agreement for Members of the
Health Sciences and Affiliated Teaching Hospital Research Ethics Board
(HSREB)**

This form is to be completed annually by all HSREB Members and provided to the HSREB Chair, Ethics Coordinator or Ethics Compliance Advisor for filing in the Office of Research Ethics.

This form must be submitted **annually** by February 1st.

The Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at Queen's University at Kingston has in its possession, and with the authority to disclose, in confidence, confidential information relating to human research projects being conducted under the auspices of Queen's University and the HSREB, including, without limitation, data, documents, computer programs, techniques, designs, and/or contract related information ("Confidential Information"). Confidential information may include, but is not limited to all HSREB documentation associated with HSREB applications and HSREB administrative documentation.

As a Board Member of the HSREB, I may have access to Confidential Information.

I acknowledge and agree that compliance with the terms set out below constitutes an essential term and requirement of my membership with the HSREB, and that any failure to comply may result in the termination of my membership with the HSREB.

THEREFORE, I agree:

1. To hold in trust and in the utmost confidence all Confidential Information to which I may become privy, and agree that such Confidential Information shall only be used in the performance of my duties as a HSREB Member and shall not be used for any other purpose or disclosed to any third party person or entity, except as required by law.
2. To keep any Confidential Information in my control or possession in a physically secure location, to the best of my ability, to which only I and other persons who have signed this Confidentiality Agreement have access to.
3. To not remove any Confidential Information from Queen's University unless, and to the extent that, I follow all applicable policies and guidelines, including the HSREB SOPs and the Queen's University and Human Resources Conflict of Interest and Conflict of Commitment Policies. I will only remove Confidential Information to the extent necessary to fulfil my duties as a HSREB Member. I agree to take all necessary steps to keep such Confidential Information secure to



the best of my ability, and to protect such Confidential Information from unauthorized use, reproduction or disclosure.

4. Upon the completion of my membership with the HSREB, or upon demand of the HSREB, to return any and all Confidential Information in my possession or control, including any and all copies thereof.

I acknowledge and agree that any failure to comply with the terms of this Confidentiality Agreement may result in disciplinary measures up to and including termination of my membership with the HSREB.

I acknowledge and agree that this Confidentiality Agreement survives the termination of my employment with the HSREB.

This agreement shall be interpreted and construed in accordance with the laws of the Province of Ontario, Canada.

This agreement is effective upon the date of signing.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



**Confidentiality Agreement for Staff Members of the
Health Sciences and Affiliated Teaching Hospital Research Ethics Board
(HSREB)**

This form is to be completed annually by all HSREB Staff Members and provided to the HSREB Chair, Ethics Coordinator or Ethics Compliance Advisor for filing in the Office of Research Ethics.

This form must be submitted **annually** by February 1st.

The Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at Queen's University at Kingston has in its possession, and with the authority to disclose, in confidence, confidential information relating to human research projects being conducted under the auspices of Queen's University and the HSREB, including, without limitation, data, documents, computer programs, techniques, designs, and/or contract related information ("Confidential Information"). Confidential information may include, but is not limited to all HSREB documentation associated with HSREB applications and HSREB administrative documentation.

As a Staff Member of the HSREB, I may have access to Confidential Information.

I acknowledge and agree that compliance with the terms set out below constitutes an essential term and requirement of my employment with the HSREB, and that any failure to comply may result in disciplinary measures up to and including termination.

THEREFORE, I agree:

1. To hold in trust and in the utmost confidence all Confidential Information to which I may become privy, and agree that such Confidential Information shall only be used in the performance of my duties as a HSREB Staff Member and shall not be used for any other purpose or disclosed to any third party person or entity, except as required by law.
2. To keep any Confidential Information in my control or possession in a physically secure location, to the best of my ability, to which only I and other persons who have signed this Confidentiality Agreement have access to.
3. To not remove any Confidential Information from Queen's University unless, and to the extent that, I follow all applicable policies and guidelines, including the HSREB SOPs and the Queen's University and Human Resources Conflict of Interest and Conflict of Commitment Policies. I will only remove Confidential Information to the extent necessary to fulfil my duties as a HSREB Staff Member. I agree to take all necessary steps to keep such Confidential Information secure



to the best of my ability, and to protect such Confidential Information from unauthorized use, reproduction or disclosure.

4. Upon the completion of my employment with the HSREB, or upon demand of the HSREB, to return any and all Confidential Information in my possession or control, including any and all copies thereof.

I acknowledge and agree that any failure to comply with the terms of this Confidentiality Agreement may result in disciplinary measures up to and including termination of my employment with the HSREB.

I acknowledge and agree that this Confidentiality Agreement survives the termination of my employment with the HSREB.

This agreement shall be interpreted and construed in accordance with the laws of the Province of Ontario, Canada.

This agreement is effective upon the date of signing.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



**Confidentiality Agreement for Visitors of the
Health Sciences and Affiliated Teaching Hospital Research Ethics Board
(HSREB)**

This form is to be completed all HSREB Visitors and provided to the HSREB Chair, Ethics Coordinator or Ethics Compliance Advisor for filing in the Office of Research Ethics.

The Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at Queen's University at Kingston has in its possession, and with the authority to disclose, in confidence, confidential information relating to human research projects being conducted under the auspices of Queen's University and the HSREB, including, without limitation, data, documents, computer programs, techniques, designs, and/or contract related information ("Confidential Information"). Confidential information may include, but is not limited to all HSREB documentation associated with HSREB applications and HSREB administrative documentation.

As a Visitor to the HSREB, I may have access to Confidential Information.

I acknowledge and agree that compliance with the terms set out below constitutes an essential term and requirement of my duties with the HSREB, and that any failure to comply may result in disciplinary measures up to and including termination of my duties with the HSREB.

THEREFORE, I agree:

1. To hold in trust and in the utmost confidence all Confidential Information to which I may become privy, and agree that such Confidential Information shall only be used in the performance of my duties as a HSREB Visitor and shall not be used for any other purpose or disclosed to any third party person or entity, except as required by law.
2. To keep any Confidential Information in my control or possession in a physically secure location, to the best of my ability, to which only I and other persons who have signed this Confidentiality Agreement have access to.
3. To not remove any Confidential Information from Queen's University unless, and to the extent that, I follow all applicable policies and guidelines, including the HSREB SOPs and the Queen's University and Human Resources Conflict of Interest and Conflict of Commitment Policies. I will only remove Confidential Information to the extent necessary to fulfil my duties as a HSREB Visitor. I agree to take all necessary steps to keep such Confidential Information secure to the best of my ability, and to protect such Confidential Information from unauthorized use, reproduction or disclosure.



4. Upon the completion of my duties with the HSREB, or upon demand of the HSREB, to return any and all Confidential Information in my possession or control, including any and all copies thereof.

I acknowledge and agree that any failure to comply with the terms of this Confidentiality Agreement may result in disciplinary measures up to and including termination of my duties with the HSREB.

I acknowledge and agree that this Confidentiality Agreement survives the termination of my duties with the HSREB.

This agreement shall be interpreted and construed in accordance with the laws of the Province of Ontario, Canada.

This agreement is effective upon the date of signing.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



**Confidentiality Agreement for Ad Hoc Advisors to the
Health Sciences and Affiliated Teaching Hospital Research Ethics Board
(HSREB)**

This form is to be completed all HSREB Ad Hoc Advisors and provided to the HSREB Chair, Ethics Coordinator or Ethics Compliance Advisor for filing in the Office of Research Ethics.

The Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at Queen's University at Kingston has in its possession, and with the authority to disclose, in confidence, confidential information relating to human research projects being conducted under the auspices of Queen's University and the HSREB, including, without limitation, data, documents, computer programs, techniques, designs, and/or contract related information ("Confidential Information"). Confidential information may include, but is not limited to all HSREB documentation associated with HSREB applications and HSREB administrative documentation.

As an Ad Hoc Advisor to the HSREB, I may have access to Confidential Information.

I acknowledge and agree that compliance with the terms set out below constitutes an essential term and requirement of my duties with the HSREB, and that any failure to comply may result in the termination of my duties with the HSREB.

THEREFORE, I agree:

1. To hold in trust and in the utmost confidence all Confidential Information to which I may become privy, and agree that such Confidential Information shall only be used in the performance of my duties as a HSREB Ad Hoc Advisor and shall not be used for any other purpose or disclosed to any third party person or entity, except as required by law.
2. To keep any Confidential Information in my control or possession in a physically secure location, to the best of my ability, to which only I and other persons who have signed this Confidentiality Agreement have access to.
3. To not remove any Confidential Information from Queen's University unless, and to the extent that, I follow all applicable policies and guidelines, including the HSREB SOPs and the Queen's University and Human Resources Conflict of Interest and Conflict of Commitment Policies. I will only remove Confidential Information to the extent necessary to fulfil my duties as a HSREB Ad Hoc Advisor. I agree to take all necessary steps to keep such Confidential Information secure to the best of my ability, and to protect such Confidential Information from unauthorized use, reproduction or disclosure.



4. Upon the completion of my duties with the HSREB, or upon demand of the HSREB, to return any and all Confidential Information in my possession or control, including any and all copies thereof.

I acknowledge and agree that any failure to comply with the terms of this Confidentiality Agreement may result in disciplinary measures up to and including termination of my duties with the HSREB.

I acknowledge and agree that this Confidentiality Agreement survives the termination of my duties with the HSREB.

This agreement shall be interpreted and construed in accordance with the laws of the Province of Ontario, Canada.

This agreement is effective upon the date of signing.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____



**Confidentiality Agreement for Alternate Members of the
Health Sciences and Affiliated Teaching Hospital Research Ethics Board
(HSREB)**

This form is to be completed by all HSREB Alternate Members and provided to the HSREB Chair, Ethics Coordinator or Ethics Compliance Advisor for filing in the Office of Research Ethics.

The Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at Queen's University at Kingston has in its possession, and with the authority to disclose, in confidence, confidential information relating to human research projects being conducted under the auspices of Queen's University and the HSREB, including, without limitation, data, documents, computer programs, techniques, designs, and/or contract related information ("Confidential Information"). Confidential information may include, but is not limited to all HSREB documentation associated with HSREB applications and HSREB administrative documentation.

As an Alternate Board Member of the HSREB, I may have access to Confidential Information.

I acknowledge and agree that compliance with the terms set out below constitutes an essential term and requirement of my membership with the HSREB, and that any failure to comply may result in the termination of my duties with the HSREB.

THEREFORE, I agree:

1. To hold in trust and in the utmost confidence all Confidential Information to which I may become privy, and agree that such Confidential Information shall only be used in the performance of my duties as a HSREB Alternate Member and shall not be used for any other purpose or disclosed to any third party person or entity, except as required by law.
2. To keep any Confidential Information in my control or possession in a physically secure location, to the best of my ability, to which only I and other persons who have signed this Confidentiality Agreement have access to.
3. To not remove any Confidential Information from Queen's University unless, and to the extent that, I follow all applicable policies and guidelines, including the HSREB SOPs and the Queen's University and Human Resources Conflict of Interest and Conflict of Commitment Policies. I will only remove Confidential Information to the extent necessary to fulfil my duties as a HSREB Alternate Member. I agree to take all necessary steps to keep such Confidential Information secure to the best of my ability, and to protect such Confidential Information from unauthorized use, reproduction or disclosure.



4. Upon the completion of my duties with the HSREB, or upon demand of the HSREB, to return any and all Confidential Information in my possession or control, including any and all copies thereof.

I acknowledge and agree that any failure to comply with the terms of this Confidentiality Agreement may result in disciplinary measures up to and including termination of my duties with the HSREB.

I acknowledge and agree that this Confidentiality Agreement survives the termination of my duties with the HSREB.

This agreement shall be interpreted and construed in accordance with the laws of the Province of Ontario, Canada.

This agreement is effective upon the date of signing.

In my individual capacity:

Printed Name: _____

Signature: _____

Date: _____