		Northern Bukidnon State College **Research Ethics Committee**
REC. Form No.	**D- 02**	**DISCLOSURE OF CONFLICT-OF- INTEREST AGREEMENT** (For Members, and Consultants of the Research Ethics Committee)
Version No.	**1**	
Date of Approval: December 09, 2025		
Effectivity Date: December 09, 2025		

In general, *Conflict of Interest* occurs when there is conflict (actual, potential, or perceived) between an individual's duties and his/her personal or private interest. *Conflict of Interest* impairs one's abilities to exercise objectivity in the performance of official duties.

The Members (including the Chair) of the National Ethics Committee and its consultants shall sign this agreement to disclose any *Conflict of Interest* that they may have in the review of research protocols and other related documents.

The following can be used as a guide to determine whether he/she has *Conflict of Interest*.

INSTRUCTIONS TO NEC MEMBERS OR CONSULTANTS

Before affixing your signature below, please consider each of the following statements in relation to: 1) all your past and current official positions; and 2) all your immediate family members, especially spouse and children. Then, check (√) your answer in the 'yes' or the 'no' column.

STATEMENTS	YES	NO
• I/My family have owned stocks and shares in the proponent organization(s).		
• I/My family have received a salary, an honorarium, compensation, concessions and gifts from the proponent organization(s).		
• I/My family have served as an officer, director, advisor, trustee, consultant or an active participant in the activities of the proponent organization(s).		
• I/My family/my other organizations have had research work experience with the principal investigator(s).		

• I/My family/my other organizations have a long-standing issue against the principal investigator(s), the proponent organization(s), or the funding agency.		

• I/My family have regular social activities, such as parties, home visits and sports events, with the principal investigator(s).		
• I/my family/my other organizations have an interest in or an ownership issue against the proposed topic.		

As a member/consultant of the National Ethics Committee I shall disclose any conflict of interest that I may have in connection with the review of specific research protocols and related documents.

I shall do this before or during any deliberations so that I may not participate in the decision regarding the said protocol.

SIGNATURE OVER PRINTED NAME

DATE

INSTITUTIONAL AFFILIATION

ADDRESS