



Fundação de Apoio ao Ensino, Pesquisa e
Assistência do Hospital das Clínicas da FMRP-USP

STATEMENT OF CONFLICT OF INTEREST

Name: _____

Research role: _____

Research Title: _____

Funding Agency: _____

Grant Number: _____

Granted Value: _____

Term: _____

QUESTIONS

1. In the last five years, as an individual taxpayer or member or representative of a legal entity, have you received from any entity, company, or organization that may in any way benefit from or be financially harmed by the results of your study or the conclusions of your project?

a) Reimbursement for attending a symposium?

Yes () No ()

b) Fees for presentation, conference, or lecture?

Yes () No ()

c) Fees for organizing teaching activities?

Yes () No ()

d) Research funding?

Yes () No ()

e) Resources or financial support for a team member?

Yes () No ()

f) Payment for conducting Research Projects?

Yes () No ()



Fundação de Apoio ao Ensino, Pesquisa e
Assistência do Hospital das Clínicas da FMRP-USP

g) Consulting fees?

Yes () No ()

2. In the last five years, have you been employed by or had a working relationship with any entity, company, or organization that may in any way benefit from or be financially harmed by the results of your study, scientific work, or publication?

Yes () No ()

3. Do you own policies or shares in a company or organization that could benefit from or be financially harmed by your study, scientific work, or publication?

Yes () No ()

4. Have you acted as an official judicial expert or assistant on the subject of your study, scientific work, or publication?

Yes () No ()

5. Have you received compensation in the form of gifts, food, travel sponsorship, accommodation, or registration for scientific or promotional conferences or events?

Yes () No ()

6. Do you have any other actual, potential, or apparent conflicting interest(s), concerning the study's primary objectives?

Yes () No ()

Please specify:

If you are concerned about whether a conflict exists, you must state it.

If you answer "yes" to any of the questions above, you may have a conflict of interest, whether it is financial (direct, and/or indirect), non-financial (such as the pursuit of professional prestige), interest in scientific production, personal or professional relationships, political and ideological interests and religious interests, among others. This must be stated to minimize any threat to scientific objectivity, participants' safety, and research activity credibility.



Fundação de Apoio ao Ensino, Pesquisa e
Assistência do Hospital das Clínicas da FMRP-USP

By signing this form, you certify that all the information provided herein is true and accurate at the time of your signature, and that you have received a copy of the FAEPA's Conflict of Interest Policy.

Signature: _____ Date: _____

Note: Personal information collected by FAEPA will be treated in compliance with the data protection laws in force and shared among individuals that are subject to the same obligation of treatment and secrecy. All the information will be kept strictly for the purposes and time required by law, being accessible to or allowed to be modified by the respective holders, who will be liable for the resulting implications.