**ARMMAN’S ETHCS REVIEW BOARD**

**(letter head and details)**

**(Form 5A)**

**Conflict of Interest and Confidentiality Agreement**

**for MEMBERS**

**of the ARMMAN’S Ethics Review Board**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been appointed as a member of the ARMMAN’S Ethics Review Board (ERB) to review and approve all health research involving human participants being done by the organization for the purpose of safeguarding the dignity, rights safety and well – being of all research participants.

As a member of the ERB, I will independently review the ethical and scientific aspects of studies under consideration of the committee and collectively, along with other members, contribute towards determining the best way forward, whilst maintaining the highest possible ethical and scientific standards.

I, agree to maintain confidentiality and to proactively protect as well as not utilize (directly or indirectly) any information / sensitive documents including, but not limited to, proposals from these meetings as well as internal deliberations I am witness to / party thereof in their role as active ERB members as well as at the end of their tenures. Any documents / proposals shared for the purpose of ERB meetings would be password protected and / or stored in a safe place.

In the event of a Conflict of Interest with respect to a submitted proposal, I agree to disclose the same at the time of proposal submission and or receipt of proposal for review prior to the meeting, or at any such time that the conflict arises during the course of the study. I agree, if the ERB so decides, to not be a part of the review process for the said proposal / study. The processes to be followed are as per guidance from the Standard Operating Procedures of the ERB. I understand that the conflict of interest is a result of a prevailing situation and is not a personal reflection.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name), have read and accept the aforementioned terms and conditions.

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Signature of the member Date

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Signature of the Member Secretary Date