



002-FORM-HREC

CONFLICT OF INTEREST DECLARATION

Protocol No:	
Protocol title:	
Conflict of interest exists? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The following describes all past, current or anticipated interests of entities related to me, of a significant nature that I have in relation to the above described protocol:	
Empty space for declaration text	

Signature of person submitting declaration:		Date:	__/__/__
Name:		Fax:	
Telephone:		Email:	

Acknowledged by RANZCO HREC: _____ Meeting date: _____

The Royal Australian and New Zealand College of Ophthalmologists			Version:	2.0
Authorised:	<i>A. Kierman</i>	Date: 15/3/2016	Doc #	002-FORM-HREC
Unless signed and dated by the College Manager, this document is uncontrolled at the time of printing.			Date:	15 MAR 2016
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