



## EMVI CONFLICT OF INTEREST FORM

Name (Surname first)	
Address	
Affiliation	
Email 1	@
Email 2	@
Telephone	
Fax	
Date of meeting	30-04-2007

### *Check only one:*

I have read the attached "EMVI Policy on Conflict of Interest" and have examined the list of scientists, Principal Investigators and Co-investigators to be reviewed, and hereby certify that, based on the information provided, **they are in no way involved, scientifically, economically, or in any other way with me personally.**

**OR**

I have read the attached "EMVI Policy on Conflict of Interest" and have examined the list of Principal Investigators and Co-investigators to be reviewed, and hereby certify that, based on the information provided, **I would like to declare a Conflict of Interest as listed below.**

List of scientists, Principal Investigators, and Co-investigators - including application number – with whom there exists a Conflict of Interest:

Name of scientist, PI/Co-investigator	Type of CoI <sup>1</sup>	Detail of the CoI

### **Declaration**

I hereby declare that I have read the attached "EMVI Policy on Conflict of Interest". I hereby declare that to the best of my knowledge I have declared all interests that might exist with the scientists, Principal Investigators and/or Co-Principal Investigators, and I fully understand the confidential nature of the review process, and agree: (1) to destroy all materials related to the review on completion of the procedure; (2) not to disclose or discuss the materials associated with the review, the evaluations, or the review meeting with any other individual, except as authorised by EMVI; (3) not to disclose procurement information prior to final approval of the EMVI project by the EMVI Board and (4) to refer all enquiries concerning the review to the EMVI secretariat.

Date:  
30-04-2007

Signature:

EMVI Secretariat  
c/o Statens Serum Institut  
Artillerivej 5  
DK-2300 Copenhagen S  
Denmark

<sup>1</sup> (see EMVI Policy on Conflict of Interest)