DISCLOSURE OF INVOLVEMENT FORM
For Scientific Directors and Institute Staff with Funding Authority and/or Eligible to Apply for CIHR Funding
Governing Council Members and Standing Committee Members

Date

I (name)

Position

disclose my involvement as

- Nominated Principal Investigator
- Principal Investigator
- Co-Principal Investigator
- Co-Applicant
- Collaborator

In the Application entitled: (title)

Submitted to the:

(Name of Peer Review Panel (if known))

(Name of Funding Opportunity)

If sent by mail (from the concerned person account only) the document must be followed by a signed copy (faxed or mailed) to:

1) ________________________________________________________________
   (Name of Deputy Director or Head)

2) c.c. Ethics Policy Advisor, Ethics Office
   Canadian Institutes of Health Research
   Fax: (613) 946-0885
   Email: ethics-ethique@cihr-irsc.gc.ca