



COVID-19 and Cancer Global Modelling Consortium (CCGMC)

Disclosure of Interest Form

Thank you for your interest in joining the COVID-19 and Cancer Taskforce Global Modelling Consortium. As part of the modelling community that supports decision-making in cancer control both during and after the COVID-19 crisis, and the global platform for cancer control, CCGMC requires those of which it engages as experts, working group members and advisors to declare any circumstances that may create potential conflict of interest in the area(s) that they will be involved.

Your answers will be reviewed by the Secretariat to determine whether you have a conflict of interest relevant to the subject at hand. The Secretariat may conclude that no potential conflict exists or that the interest is irrelevant or insignificant.

All experts, working group members and advisors must complete this form before participation in any CCGMC working group activities. Please note only one form is required, regardless of the number of working groups you are involved.

Please complete and return this form to the Secretariat at covidandcancer@nswcc.org.au.

Name:
Institution:
Email:

Financial relationships:

Please check the appropriate boxes in the table to indicate whether you have financial relationships with any entities which you name that may represent a potential conflict of interest relevant to your relationship with CCGMC and the work that you will be undertaking. Please describe the circumstances for the questions you have indicated as 'Yes'.

Category for Disclosure	Description	Yes	Interest Details (Please specify) <ul style="list-style-type: none"> Name of company, organization or institution Estimated amount of income or value of interest received (if not disclosed, is assumed to be significant)
Employment, consulting and advisory	Have you received remuneration from a commercial entity or other organization with an interest related to the subject of the meeting or work?	<input type="checkbox"/>	
Research support	Have you or has your research unit received support from a commercial entity or other organization with an	<input type="checkbox"/>	

	interest related to the subject of the meeting or work? (e.g. grants, collaborations, sponsorships, other funding and including non-monetary support)		
Investment interest	Do you have current investments in a commercial entity with an interest related to the subject of work? This includes commercial business interests, stock options but excludes indirect investments through mutual funds and the like.	<input type="checkbox"/>	
Intellectual property	Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work? This includes patents, trademarks or copyrights.	<input type="checkbox"/>	
Other (For example: gifts, reimbursement or covering of travel and/or accommodation expenses)		<input type="checkbox"/>	

Financial relationships involving your spouse, partner and/or other immediate family members:

Category for Disclosure	Description	Yes	Interest Details (Please specify) <ul style="list-style-type: none"> Name of company, organization or institution Estimated amount of income or value of interest received (if not disclosed, is assumed to be significant)
Employment, consulting and advisory	Have you received remuneration from a commercial entity or other organization with an interest related to the subject of the meeting or work?	<input type="checkbox"/>	
Research support	Have you or has your research unit received support from a	<input type="checkbox"/>	

	commercial entity or other organization with an interest related to the subject of the meeting or work? (e.g. grants, collaborations, sponsorships, other funding and including non-monetary support)		
Investment interest	Do you have current investments in a commercial entity with an interest related to the subject of work? This includes commercial business interests, stock options but excludes indirect investments through mutual funds and the like.	<input type="checkbox"/>	
Intellectual property	Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work? This includes patents, trademarks or copyrights.	<input type="checkbox"/>	
Other (For example: gifts, reimbursement or covering of travel and/or accommodation expenses)		<input type="checkbox"/>	

Information about other relationships or activities:

The following questions are designed to provide prompts to assist with completion of the table below:

- Are you affiliated or associated with any organisations whose interests are either aligned with or opposed to the work of the CCGMC?
- Are there any other relationships or activities that could be potentially perceived to influence your contribution?

Other Relationships of Activities		
	No	Yes (please include details)
Relationships	<input type="checkbox"/>	
Activities	<input type="checkbox"/>	

Declaration

I hereby certify that the information I have provided here is true and complete to the best of my knowledge.

In signing this form, I hereby agree to:

- Update this information throughout my involvement with CCGMC activities in the event that my circumstances change, or otherwise in response to requests to update this information.
- Allow the publication of these disclosed interest.

Signature:

X _____

Date: