



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

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Date Received by CIHR:

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 <input type="checkbox"/>	Principal Investigator <input type="checkbox"/>	Co-Principal Investigator <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>	Collaborator <input type="checkbox"/>
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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

