



Example: Declaration of Personal Interests (FIGO)

Note: This document is provided for information purposes only. Health professional associations making use of this resource should revise and modify it for use in their specific circumstances.

This document is used by FIGO to identify and manage potential situations of conflict of interest within the association. At the start of every FIGO meeting, participants (Officers, Executive Board or Committee members), are requested to complete and submit the following form, which are then retained at the Secretariat with the various meeting files. In the event of a query, the form is retrieved and reviewed and the issue is raised directly with the individual concerned.

Do you or any member of your immediate family receive sponsorship or paid consultancy work within commercial organizations related to obstetrics and gynaecology or FIGO?

No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>(if yes please provide details)</i>
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Do you or any member of your immediate family have any commercial interest such as personal shares with any company related to obstetrics and gynaecology or companies with which FIGO has dealings?

No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>(if yes please provide details)</i>
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Does your department or unit receive financial support from commercial organisations related to obstetrics and gynaecology?

No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>(if yes please provide details)</i>
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Are you a consultant to or member of any national body, charity or pressure group whose work is related to obstetrics and gynaecology which is in conflict with FIGO's interests?

No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>(if yes please provide details)</i>
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Do you receive editorial fees for commissioned articles for publication (in any format) or are you paid for editorial work for any publication related to obstetrics and gynaecology that may be in conflict or in competition with FIGO's publications?

No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>(if yes please provide details)</i>
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Do you or your department hold a patent (existing or pending) related to obstetrics and gynaecology?

No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>(if yes please provide details)</i>
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Name (Please Print): _____ **Signature:** _____

FIGO involvement _____ **Date:** _____