



De La Salle Medical and Health Sciences Institute
Dasmariñas, Cavite 4114

INDEPENDENT ETHICS COMMITTEE

Cavite (046) 481-8000/ Manila (02) 988-3100 Local 8042

DLSMHSI-IEC Form 4C/V1/2012
Standard Operating Procedures
Effective Date: October 2012

CONFIDENTIALITY and CONFLICT OF INTEREST AGREEMENT
(For Guests/Observer Attendees)

I, _____, understand that I am allowed to attend the IEC Meeting scheduled on _____ at _____am/pm in the IEC Conference Room, AKMRC, as **Guest/Observer Attendee**.

I recognize that, in the course of the IEC meeting, confidential information may be disclosed or discussed.

By signing this form, I agree to take full responsibility for keeping all Information in strict trust and confidence.

If a conflict of interest exists, I shall immediately notify the IEC Chair and request exclusion from the meeting.

Signature over Printed Name of Guest/Observer Attendee

Date