Eastern Virginia Medical School
Conflict of Interest Committee
Annual Report for Investigator Name or Company Name (insert)
Date (insert mo/dd/year)

Please state the nature of your potential conflict

There have not been any changes in the Conflict of Interest for my research study “(insert title)”, IRB#, IBC#, IACUC# and/or grant # (insert number(s) if appropriate) sponsored by (insert sponsor name). My management plan remains the same (or Attached is my updated management plan. It has been updated because…).

OR

There have been changes in the Conflict of Interest for my research study “(insert title)”, IRB#, IBC#, IACUC# and/or grant # (insert number(s) if appropriate) sponsored by (insert sponsor name). These are: (please list). Attached is my updated management plan. It has been updated because... (or My management plan remains the same).

AND

There has been no change in the list of “Investigators” (personnel with the authority or independent responsibility over the design, conduct, or reporting of research) on this project.

OR

There has been a change in the list of “Investigators” (personnel with the authority or independent responsibility over the design, conduct, or reporting of research). The following “Investigators” have been added: (list). The following “Investigators” have been removed: (list).

Sincerely,

(_signature_)  
Typed name