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Date Received by CIHR:

DISCLOSURE OF INVOLVEMENT FORM
For Institute Advisory Board Members (and equivalents)

Date _____

I (name) _____

Position _____

disclose my involvement as

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

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 Scientific Director)

- 2) c.c. Deputy Director or Head
- c.c. Ethics Policy Advisor, Ethics Office
Canadian Institutes of Health Research
Fax: (613) 946-0885
Email: ethics-ethique@cihr-irsc.gc.ca

