



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

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I (name)

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Position

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disclose my involvement as

<b>Nominated Principal Investigator</b> <input type="checkbox"/>	<b>Principal Investigator</b> <input type="checkbox"/>	<b>Co-Principal Investigator</b> <input type="checkbox"/>	<b>Co-Applicant</b> <input type="checkbox"/>	<b>Collaborator</b> <input type="checkbox"/>
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In the Application entitled: (title)

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Submitted to the:

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(Name of Peer Review Panel (if known))

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(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) 

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(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

