

Administrative Conflict of Interest Management Plan

Name of Member:

Title of Member:

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| Work Phone number:  |  |
| E-mail address:  |  |

Name of Reviewer:

Title of Reviewer:

|  |  |
| --- | --- |
| Work Phone number:  |  |
| E-mail address:  |  |

Name of Vendor and/or Individual with Relationship:

Nature of Relationship (attach illustrative flowsheet):

Describe the real or perceived conflict of interest:

Strategies for management of the real or perceived conflict:

How will the management strategies be monitored for compliance?

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Member Signature Date

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Reviewer Signature Date

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Committee on COI Chair Signature Date