

Conflict of Interest Disclosure Form

For pCODR Expert Review Committee, Clinical and Economic Guidance Panel members and Provincial Advisory Group members

See the [Conflict of Interest Guidelines](#) for more details on completing this form.

I have read and understood the Conflict of Interest (COI) Guidelines and I agree to be bound by the obligations contained therein. I understand that it is my responsibility to report to CADTH any real, potential or perceived conflicts of interest as defined in the pCODR COI Guidelines, and to disclose the information requested in the COI Guidelines.

As a member of a pCODR Committee, Panel or Group, I also understand that a summary of my conflict of interest declaration will be publicly available on the CADTH website and updated from time to time, generally on an annual basis. This summary will include benefit type but will not provide specific monetary values.

I understand that the information disclosed will be retained on file by CADTH.

I have reviewed my activities and interests as they relate to the matters itemized in the Disclosures section of the COI Guidelines. Attached in Schedules 1, 2 and 3 is a list of those activities and interests.

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation. Except as otherwise disclosed in Schedules 1, 2 and 3 attached, I declare that I have no conflict of interest to report, as defined in the COI Guidelines.

I promise to inform CADTH of any change in circumstances that may create a conflict of interest as soon as it is known to me.

Date: *September 25, 2017*
Click here to enter text.

Name: *Carole Chambers*
Click here to enter text.

Signature:

Carole Chambers

Conflict of Interest Disclosure Form – Schedule 1

(Reference: COI Guidelines Section 5.3)

Disclosures are required under Section 5.3 of the Conflict of Interest Guidelines for those activities or interests involving any Party during the past two years which benefited the Member, their immediate family members, or the department or organization for which they have managerial responsibility, particularly as the activities relate to the following areas (add pages as necessary):

For each Party and drug, technology or topic, identify the type of funding or benefit received and indicate the total value (dollar range).

Name of Party <i>(see section 2.2 for definition)</i>	Drug, technology or topic involved and year of funding
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

I do not have any declarations for Schedule 1.

DATE: *September 25, 2017*
 Click here to enter text.

NAME: *CAROLE CHAMBERS*
 Click here to enter text.

SIGNATURE: *Carole R. Chambers*

Conflict of Interest Disclosure Form – Schedule 2

(Reference: COI Guidelines Section 5.4)

Disclosures are required under Section 5.4 of the Conflict of Interest Guidelines for those activities or interests involving any Party during the past two years which benefited the Member, their immediate family members, or the department or organization for which they have managerial responsibility, particularly as the activities relate to the following areas (add pages as necessary):

For each Party and drug, technology or topic, identify the type of funding or benefit received and indicate the total value (dollar range).

Name of Party (see section 2.2 for definition)	Drug, technology or topic involved and year of funding
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

I do not have any declarations for Schedule 2.

DATE: *September 25, 2017*
Click here to enter text.

NAME: *Carole Chambers*
Click here to enter text.

SIGNATURE: *Carole R Chambers*

List those activities or interests involving a Party with whom the Member has a potential or pending **future** commitment (as outlined in Section 5.5.2).

Name of Party (see section 2.2 for definition)	Nature and timing of the future commitment details
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

I do not have any declarations for Schedule 3.

DATE: *September 25, 2017*
Click here to enter text.

NAME: *Larole Chamber*
Click here to enter text.

SIGNATURE: *Larole Chamber*