



Document	CSCC Council Conflict of Interest Policy
Category	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Terms of Reference <input type="checkbox"/> Discussion Draft <input type="checkbox"/> Working Document <input type="checkbox"/> Legal/Organization
Dates	Last Updated: _____ Last Approved: _____ Schedule for Next Review: _____
Responsibility	<input type="checkbox"/> Education & Scientific Affairs <input type="checkbox"/> Professional Affairs <input type="checkbox"/> Public Outreach <input type="checkbox"/> Publications <input checked="" type="checkbox"/> General Council Affairs <input type="checkbox"/> Head Office <input type="checkbox"/> Executive Committee <input type="checkbox"/> Committee/SIG/Other: _____
History	



CSCC CONFLICT OF INTEREST POLICY

DECLARATION OF CONFLICT OF INTEREST

I, _____, of _____, Canada, as a member of the Council of the Canadian Society of Clinical Chemists, duly elected or appointed under the provisions of the Society's by-laws, do hereby declare and acknowledge that should any matter arise before the CSCC Council that I know or suspect may result in a conflict between my interests as a Council member and any other personal or business interests I may have, I will immediately declare such knowledge or suspicion to the Executive of the Canadian Society of Clinical Chemists.

At the beginning of or during any Council, Committee or other special meeting of the Canadian Society of Clinical Chemists, I shall disclose the full nature of the known or suspected conflict and shall refrain from participating in any ensuing discussion or voting concerning such matter(s). Such declaration and withdrawal from discussion and voting shall be fully recorded in the minutes of the meeting.

Signed _____

Position _____

Date _____