**DETERMINATION OF SECONDARY REVIEWER (OR COMMITTEE, WHERE APPLICABLE)**

Reviewer Name:       Campus Phone #:

Title:       Email Address:

Unit:       Date:

The University of Manitoba *Conflict of Interest Policy* and *Conflict of Interest Procedures* should be read prior to completing this form. Please refer to section 2.4 of the *Conflict of Interest Procedures* for details on the role of the Secondary Reviewer in assessing and managing the conflict of interest.

□ The proposed Research or other University activity is permissible as disclosed with no further action required.

□ The conflict of interest is allowed and the following plan shall apply in order to manage the situation appropriately: (Attach pages if necessary)

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□ The conflict of interest cannot be managed and the proposed Research or other University activity must not proceed.

Signature of Secondary Reviewer/ Date  
Chair of Committee

**NOTE: A copy of this information must be provided to the individual who made the Conflict of Interest disclosure.**