



## CONFLICT OF INTEREST DISCLOSURE STATEMENT FOR GRANT REQUESTORS

The Praxis Spinal Cord Institute (Praxis) strives to achieve the highest standards of ethical and legal conduct. To ensure the highest standards, this form must be completed, signed and submitted to Praxis.

### Disclosure

A conflict of interest is a situation in which a person has a personal or professional interest *sufficient to appear to influence* the objective exercise of his/her duties.

Please identify all real, perceived, or potential conflicts of interest related to your involvement in Praxis business activities as a grant requestor:

Grant Application Title:
Real, perceived or potential conflicts of interest may be:

Praxis reserves the right to resolve any areas of uncertainty and to manage the conflict as per Praxis' *Conflict of Interest Policy*.

### Confirmation

I, the undersigned, have read Praxis' *Conflict of Interest Policy* and understand the request for the disclosure. I agree to comply with the requirements of Praxis' *Conflict of Interest Policy* and attest that to my knowledge I am not in any real, perceived, or potential conflicts of interest other than those listed above. I agree that during my Praxis engagement, I will take personal responsibility for complying with the requirements set out in Praxis' *Conflict of Interest Policy*. I will update this statement immediately if relevant circumstances change.

First Name:	Last Name:
Date:	Signature: