

# Conflict of Interest Statement

Date: [Insert Date]

To: [Recipient's Name]

[Institution/Organization Name]

[Address Line 1]

[Address Line 2]

City, State, Zip Code

Dear [Recipient's Name],

I, [Investigator's Name], serving as the principal investigator for the clinical trial titled "[Trial Title]," hereby declare any potential conflicts of interest that may influence the conduct or reporting of this study.

During the course of this clinical trial, I have had the following financial interests or arrangements:

- [Description of Conflict #1]
- [Description of Conflict #2]
- [Description of Conflict #3]

I understand the importance of transparency in research and I am committed to managing these interests and ensuring they do not compromise the integrity of the trial.

Please feel free to contact me at [Your Email Address] or [Your Phone Number] should you require further information regarding this statement.

Thank you for your attention to this important matter.

Sincerely,

[Investigator's Name]

[Title/Position]

[Institution/Organization Name]