**Annexure 02**

**ETHICS REVIEW COMMITTEE**

Annexure 02

**GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE**

**YAKKALA, SRI LANKA**

**Confidentiality Agreement & conflict of interest Declaration**

I,Prof./Dr./Mr./Mrs./……………………………………………………………………………………....................member/staff of the Ethics Review Committee of Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka, understand that all the documents and information involved in the committee are confidential materials and I shall use the information only for the purpose of review and evaluation process of the protocols/proposal, and shall not distribute these documents to any person(s) without permission from the ERC, GWUIM. I understand that upon agreement of this form, I agree to take full responsibility for keeping all the information confidential and to declare any conflict of interest, which exist or may arise during my tenure on the ERC.

…………………………………………

Signature

Name: ……………………………………………………………

Official Address: ......................................................................................

Date: ………………………………….

Signed in the presence of

…………………………………….. …………….……………..................

 Chairperson/ERC Secretary/ERC

Annexure 03