



INVITED REVIEW MECHANISM

CONFLICT OF INTEREST FORM

I am willing to assist in the review relating to [], at [], as part of the Invited Review Mechanism. I confirm that: -

1. I have had no previous involvement in the matter(s) under review.
2. I am not employed by or associated with the NHS Trust/Hospital concerned.
3. I have no personal association which might be regarded as a conflict with any of the individuals directly or indirectly involved at the NHS Trust/Hospital concerned. (Note: Please list in what capacity you have an association if any in the space provided below. If you require clarification regarding this, please contact Mr Neil MacCallum, Invited Review Coordinator or Mr Ralph Tomlinson, Head of Invited Reviews).
4. I am a fully registered medical practitioner / I am a lay member of the Invited Review Panel.
5. I am not aware of any other reason why my involvement would be inappropriate, for example because of a formal investigation into my professional practice or conduct.

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