



Conflict of Interest Form for Researchers

Name

Reza Ahmadi

Degree(s)

MD

FRCPC

PhD

PharmD

BA / BS / BSc

MChB / MBBS

MA / MS / MSc

ScD

MPH / MHS / MBA

Other

please specify 'other'

Primary Employer

UCLA Anderson School of Management

Email Address:

reza.ahmadi@anderson.ucla.edu

Primary Investigator (if applicable)

I am the PI for this project - I and my institution will sign the Data Use Agreement for this project

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Conflict of Interest Form for Researchers

Select the appropriate box(es) to indicate third party sources from which you or your institution will receive payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.). Please note: you do not need to include your primary employer.

No payment or services will be received by me or my institution for the proposed research

Government entity

please clarify

Commercial entity

please clarify

Private foundation

please clarify

Academic institution

please clarify

Other

please clarify

please clarify

Do you have any patents, whether planned, pending, or issued, broadly relevant to the proposed research?

Yes

please clarify

No

Select the statement that applies:

- I (and/or my spouse or domestic partner) have no financial relationships to disclose.**
- I (and/or my spouse or domestic partner) have a financial relationship or affiliation with commercial interest(s).

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Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, the research for which you are submitting this form?

- No other relationships/conditions/circumstances exist that present a potential conflict of interest**
- Yes, the following relationships/conditions/circumstances are present:

By signing below, you attest that the information provided is correct



✕ clear

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