**LEDUCQ FOUNDATION DISCLOSURE FORM**

1. [ ]  I agree to be part of the application proposing the following Group A Strep – Immune Correlates of Protection Project *(insert network title)* :

1. I have read the Leducq Foundation Conflict of Interest Policy for applicants and

[ ]  have no conflicts of interest to declare

[ ]  have the following conflicts of interest to declare (*list where appropriate*):

[ ]  Significant financial interests:

[ ]  Fiduciary relationships:

[ ]  Executive positions:

[ ]  Other:

*(check relevant boxes)*

1. Please list any previous involvement in Leducq Foundation-supported research:

1. I certify that I am eligible to participate in the fore-mentioned Leducq network according to the rules pertaining to participation in multiple networks. Further, I have fully and to the best of my ability completed this disclosure form.

Name: Date : Signature: