

**Yale University Open Data Access (YODA) Project
Conflict of Interest Disclosure Form for Staff and Consultants**

1. Identifying Information

Date: **2-5-2017**

Name (include degree(s)): **James D. Neaton, PhD**

Primary Employer: **University of Minnesota**

What is your anticipated role with the YODA Project (check all that apply)?

- Steering Committee member
- Staff member
- Consultant
- Student / Post Doc
- Other (*explain*):

2. Relationship with YODA Project Data Sources

Do you have a relationship with one of the entities listed below that could influence, or give the appearance of potentially influencing, the work you plan to conduct for the YODA Project?

- Medtronic (*explain*): **Have served on DMC and done staff training in the past**
- Janssen / Johnson & Johnson (*explain*): **DMC member for heart failure trial and consultant**
- No relationship with the above

3. Intellectual Property

Do you have any patents, whether planned, pending or issued, broadly relevant to your work with the YODA Project?

- Yes (*explain*):
- No

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4. Relevant Financial Activities Outside the Proposed Research

Check only 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 the following commercial interest(s). *Provide details in the table below.*

The table asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of influencing, your activities with the YODA Project.

Place a check in the appropriate boxes to indicate any financial or other relationships (regardless of amount of compensation). Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf during the 36 months prior to this disclosure. This should include all monies from sources with relevance to your YODA Project roles. If there is a question, it is better to disclose a relationship than not to do so.

Use one line for each entity. If additional lines are needed, attach a separate sheet. **Definitions of the terms used can be found in Section 7.**

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments, Detail
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of rugs for NIH HIV trial
Tibotec	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of drugs for NIH HIV trial
Glaxo	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of drugs for NIH HIV trial
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of drugs for NIH HIV trial and DMC member
Gilead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of drugs for NIH HIV trial
Abbott	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of drugs for NIH HIV trial
Sanofi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DMC member Contract for study of C.
Astellas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Difficile infection and DMC member
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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5. Relationships Not Covered Above

Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, your activities with the YODA Project?

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

On occasion, YODA may ask for additional information about reported relationships.

6. Signature Attesting to the Above

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

Signature: _____ Date: 2-5-2017

Print Name: James D. Neaton

Please keep a copy of this document for your records.

7. Definitions

Entity: Government agency, foundation, commercial sponsor, academic institution, etc.

Grant: Monies from an entity, generally, but not always, paid to your organization.

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speaker bureaus, expert testimony, employment or other affiliations.

Non-financial support: Examples include reagents or equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the categories of Grant, Personal Fees and Non-financial Support.