

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

**1. Identifying Information**

Date: **1/18/2017**

Name (include degree(s)): **Joseph S. Ross, MD, MHS**  
Primary Employer: **Yale University School of Medicine**

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*):
- Janssen / Johnson & Johnson (*explain*): **Dr. Ross receives support through Yale University from Johnson & Johnson, Inc. to develop methods of clinical trial data sharing.**
- 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
<b>Centers for Medicare and Medicaid Services (CMS)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dr. Ross receives support from CMS to develop and maintain performance measures that are used for public reporting.</b>
<b>Medtronic, Inc.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dr. Ross receives support from Medtronic, Inc. to develop methods for post-market surveillance of medical devices.</b>
<b>Food and Drug Administration (FDA)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dr. Ross receives support from the FDA to develop methods for post-market surveillance of medical devices.</b>
<b>Food and Drug Administration (FDA)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dr. Ross receives support from the FDA to establish the Yale-Mayo Center for Excellence in Regulatory Science and Innovation (CERSI).</b>
<b>Blue Cross-Blue Shield Association (BCBSA)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dr. Ross receives support from BCBSA to better understand medical technology evaluation.</b>

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**Laura and John  
Arnold  
Foundation**

**Dr. Ross receives support  
from the Laura and John  
Arnold Foundation to  
support the Collaboration on  
Research Integrity and  
Transparency (CRIT) at Yale.**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**5. Relationships Not Covered Above**

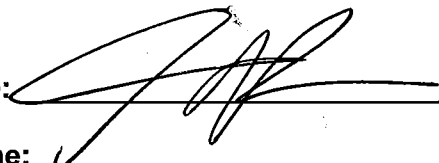
Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, your activities with the YODA Project?

- 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: 1/18/17  
Print Name: \_\_\_\_\_

*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.