Yale University Open Data Access (YODA) Project
Conflict of Interest Disclosure Form for Data Requestors

1. Identifying Information

Date: 24/09/2019

Name (include degree(s)): Jiaoyang Zheng MD
Primary Employer: Shanghai Changzheng Hospital
Email Address: 13918508688@163.com

Title of Project: Cardiovascular safety of SGLT-2 inhibitors across racial groups in patients with type 2 diabetes mellitus: a meta analysis and systematic review

Are you the Principal Investigator (PI)? ☒Yes ☐No
If not, who is the PI?

2. Financial Support for the Proposed Research

Place a check in 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.

☒Government entity
Detail: Shanghai "Rising Stars of Medical Talent" Youth Development Program: Youth Medical Talents – Clinical Pharmacist Program

☐Commercial entity
Detail:

☐Private foundation
Detail:

☐Academic institution
Detail:

☐Other
Detail:

3. Intellectual Property

Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? ☐Yes (explain):
☒No

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.