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

1. Identifying Information					
Date: 2/2/2018					
Name (include degree(s)): Antonio Tito Fojo, MD, PhD Primary Employer: Columbia University Medical Center/ James J. Peters VA Medical Center					
Title of Project: Determine the growth and regression rate constant and the fractional cell kill of abiraterone acetate in prostate cancer					
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 <u>third party</u> sources from which you or your institution will receive payment or services <i>at any time</i> 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:				
Commercial entity	Detail:				
☐Private foundation	Detail:				
Academic institution	Detail:				
Other	Detail:				
3. Intellectual Property					
	nether planned, pending or issued, broadly relevant to the proposed (explain):				
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.					

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☐ I (and/or my spouse or domestic partner) have a financial relationship or affiliation with the following commercial interest(s). <i>Provide details on the following page</i> .							
If you (and/or your spouse or domestic partner) have a financial relationship or affiliation with commercial interest(s), please provide details in the table below.							
					the biomedical arena that could cing, your proposed research.		
(regardless of amou paid) directly to you	nt of comp or your ins uld include	ensation). R stitution on ye all monies t	Report all sou our behalf d from source:	urces of re uring the s with rele	or other relationships evenue paid (or promised to be 36 months prior to this evance to the proposed work. If 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.							
			Non-				
		Personal	Financial	011 0	Outro Datail		
Name of Entity	Grant?	Fees?	Support?	Other?	Comments, Detail		

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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, the research for which you are submitting this form?
Yes, the following relationships/conditions/circumstances are present (<i>explain</i>): No other relationships/conditions/circumstances exist that present a potential conflict of interest
On occasion, the YODA Project 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: ANTONIO 7170 FOJO, MD, PKD

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.