

**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 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:*

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.



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

**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 (*explain*):  
 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 Tito Fojo MD PLD Date: 2/2/2018

Print Name: ANTONIO TITO FOJO, MD, PLD

*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.