

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

## 1. Identifying Information

Date: **January 19, 2021**

Name (include degree(s)): **Shawn Malone, M.D., FRCPC**

Primary Employer: **The Ottawa Hospital Cancer Centre**

Email Address: **smalone@toh.ca**

Title of Project: **Association of quality of life parameters with survival outcomes in high risk metastatic castrate sensitivity 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.

I (and/or my spouse or domestic partner) have a financial relationship or affiliation with the following commercial interest(s). *Provide details on the following page.*



**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: Shawn Malone Date: January 19, 2021

Print Name: **Dr. Shawn Malone**

*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.