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

1. Identifying Information Date: 11Aug2020 Name (include degree(s)): Sheila McCartan MSc PhD Primary Employer: Exploristics Ltd Email Address: sheila.mccartan@exploristics.com Title of Project: Development and assessment of Virtual Cohorts derived from historical **Pulmonary Arterial Hypertension clinical trials** 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: Innovate UK Smart Grant Ref 105729 "Transforming clinical research and development through the exploitation of patient level data sources" 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): \boxtimes 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*.

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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 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 proposed research.

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 the proposed work. 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.

			Non-		
		Personal	Financial		
Name of Entity	Grant?	Fees?	Support?	Other?	Comments, Detail
Exploristics Ltd				\boxtimes	Employee

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5. Relationships Not Covered Above

Print Name: Sheila McCartan	
Signature:	Date : 11 August 2020
By signing below, you attest that the information provided above	re is correct.
6. Signature Attesting to the Above	
On occasion, the YODA Project may ask for additional informat	tion about reported relationships.
☐ Yes, the following relationships/conditions/circumstances are ☐ No other relationships/conditions/circumstances exist that printerest	
Are there other relationships or activities that others could perce give the appearance of potentially influencing, the research for form?	·

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.