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

1. Identifying Information
   - Date: 2015-08-24
   - Name (include degree(s)): Reegan W. Yang, MB
   - Primary Employer: London Health Science Centres University of Western Ontario

2. Financial Support for the Proposed Research
   - Are you the Principal Investigator (PI)? Yes ☑ No
   - If not, who is the PI? Sigrid Nelson
   - 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.).
   - □ Government entity
   - □ Commercial entity
   - □ Private foundation
   - □ Academic institution
   - □ Other

3. Intellectual Property
   - Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? Yes ☑ No

4. Other
   - Detail:
   - Total $25,000 Seed Grant to Institution from "Schulich Strategic Support Awards," Western University for project "Validation of the Endoscopic Indices for Crohn's Disease." A portion of which will support this research.
of the terms used can be found in Section 7. Use one line for each entity. If additional lines are needed, attach a separate sheet. Definitions.

There is a question. It is better to disclose a relationship than not to do so. This should include all monies from sources with relevance to the proposed work. If paid directly to you or your institution, during the 36 months prior to this proposal, please check in the appropriate boxes to indicate any financial or other relationships that could be perceived to influence, or that give the appearance of influencing, your proposed research.

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.

Following commercial interests(s). Provide details in the table below.

☐ (and/or my spouse or domestic partner) have a financial relationship or affiliation with the following company(ies):

☐ (and/or my spouse or domestic partner) have no financial relationships to disclose.

☐ Relevant Financial Activities Outside the Proposed Research.

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**Support** Anything not covered under the categories of Grant, Personal Fees and Non-Financial

**Other** anything not covered under the categories of Grant, Personal Fees and Non-Financial support, etc.

**Non-financial support** Examples include research or equipment supplied by the entity/travel paid by the entityFRINGE benefits, speaker bureaus, expert testimony, employment or other affiliations.

**Personal Fees** Money paid to you for services rendered, generally honorary, royalties, or fees, consultant fees, honoraria, etc.

**Grant** Money from an entity, generally, but not always, paid to your organization.

**Entity** Government agency, foundation, commercial sponsor, academic institution, etc.

**Definitions**

Please keep a copy of this document for your records.

Print Name: ________________________________

Signature: ________________________________

Date: ________________________________

By signing below, you attest that the information provided above is correct.

5. **Relationships** Not Covered Above

6. **Signature Attesting to the Above**

On occasion, the YODA Project may ask for additional information about reported relationships.

**No** other relationships/conditions/circumstances exist that present a potential conflict of interest.

[ ] No, the following relationships/conditions/circumstances are present: [ ] Yes, the following relationships/conditions/circumstances are present: [ ]

Are there other relationships or activities that others could perceive to have influenced, or that gave the appearance of potentially influencing, the research for which you are submitting this Form? No [ ] Yes [ ]

Conflict of Interest Disclosure Form for Data Requests

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