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

1. Identifying Information

Date: **24/09/2019**

Name (include degree(s)): **Jiaoyang Zheng MD**
Primary Employer: **Shanghai Changzheng Hospital**
Email Address: **13918508688@163.com**

Title of Project: **Cardiovascular safety of SGLT-2 inhibitors across racial groups in patients with type 2 diabetes mellitus: a meta analysis and systematic review**

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:* **Shanghai "Rising Stars of Medical Talent" Youth Development Program: Youth Medical Talents - Clinical Pharmacist Program**

☐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.