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

1. Identifying Information	
Date: 9/18/17	
Name (include degree(s)): D	avid Faleck, MD
Primary Employer: Mount Si	nai Hospital
Title of Project: YODA Project	ct Protocol #2016-0903
Are you the Principal Investign If not, who is the PI? Dr. Col	
2. Financial Support for th	ne Proposed Research
institution will receive payme	iate box(es) to indicate third party sources from which you or your nt or services at any time for any aspect of the proposed research tudy design, manuscript preparation, statistical analysis, etc.).
Government entity	Detail:
Commercial entity	Detail:
Private foundation	Detail:
Academic institution	Detail:
Other	Detail:
3. Intellectual Property	
	nether planned, pending or issued, broadly relevant to the proposed (explain):

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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). <i>Provide details in the table below.</i>

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
				\Box	
	一				
				$\neg \Box$	
			-		
				$\neg \Box$	
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5. Relationships Not Covered Above

Are there other relationships or activities that others could perceive to have inf give the appearance of potentially influencing, the research for which you are form?	·
☐ Yes, the following relationships/conditions/circumstances are present (<i>expl</i> ☑ No other relationships/conditions/circumstances exist that present a potent interest	
On occasion, the YODA Project may ask for additional information about repo	rted relationships
6. Signature Attesting to the Above	
By signing below, you attest that the information provided above is correct.	
Signature: David Faleck Date: 9/1	8/17

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.