

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

1. Identifying Information

Date: **26. october 2014**

Name (include degree(s)): **Heidi Storgaard, MD, PhD**
Primary Employer: **Copenhagen University Hospital Gentofte**

Title of Project: **The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials**

Are you the Principal Investigator (PI)? ☒ Yes ☐ No
If not, who is the PI? **Heidi Storgaard**

Data Holder from which data are requested: ☐ Medtronic
☒ Janssen / Johnson & Johnson

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.).

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Government entity | <i>Detail:</i> |
| <input type="checkbox"/> Commercial entity | <i>Detail:</i> |
| <input type="checkbox"/> Private foundation | <i>Detail:</i> |
| <input checked="" type="checkbox"/> Academic institution | <i>Detail: Public hospital</i> |
| <input type="checkbox"/> Other | <i>Detail:</i> |

3. Intellectual Property

Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? ☐ Yes (*explain*):
☒ No

[illegible]

**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: _____

Date: _____

Print Name: Heidi Storgaard

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.

**Yale University Open Data Access (YODA) Project
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1. Identifying Information

Date: **October 27, 2014**

Name (include degree(s)): **Filip K. Knop, MD PhD**

Primary Employer: **Gentofte Hospital, University of Copenhagen**

Title of Project: **The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials**

Are you the Principal Investigator (PI)? ☐ Yes ☒ No

If not, who is the PI? **Heidi Storgaard**

Data Holder from which data are requested:

☐ Medtronic

☒ Janssen / Johnson & Johnson

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.).

☐ Government entity

Detail:

☐ Commercial entity

Detail:

☐ Private foundation

Detail:

☒ Academic institution

Detail: **Public Hospital**

☐ 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

Yale University Open Data Access (YODA) Project
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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: _____



Date: _____

27/10-2014

Print Name: Filip K. Knop

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.

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**Yale University Open Data Access (YODA) Project
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1. Identifying Information

Date: 26. october 2014

Name (include degree(s)): Lise Lotte Gluud, Associate professor, MD, PhD
Primary Employer: Hvidovre Hospital, University of Copenhagen, Denmark

Title of Project: The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials

Are you the Principal Investigator (PI)? ☐ Yes ☒ No
If not, who is the PI? Heidi Storgaard

Data Holder from which data are requested: ☐ Medtronic
☒ Janssen / Johnson & Johnson

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.).

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Government entity | <i>Detail:</i> |
| <input type="checkbox"/> Commercial entity | <i>Detail:</i> |
| <input type="checkbox"/> Private foundation | <i>Detail:</i> |
| <input checked="" type="checkbox"/> Academic institution | <i>Detail:</i> Public hospital |
| <input type="checkbox"/> Other | <i>Detail:</i> |

3. Intellectual Property

Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? ☐ Yes (*explain*):
☒ No

[illegible]

**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:  _____ Date: 28/10-14

Print Name: Lise Lotte Gluud

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.

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Other: Anything not covered under the categories of Grant, Personal Fees and Non-financial Support.

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

1. Identifying Information

Date: **26. october 2014**

Name (include degree(s)): **Mikkel Christensen, MD, PhD**

Primary Employer: **Copenhagen University Hospital Bispebjerg**

Title of Project: **The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials**

Are you the Principal Investigator (PI)? ☐ Yes ☒ No

If not, who is the PI? **Heidi Storgaard**

Data Holder from which data are requested:

☐ Medtronic

☒ Janssen / Johnson & Johnson

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.).

☐ 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

[illegible]

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:  Date: 27OCT2014

Print Name: Mikkel Christensen

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.

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**Yale University Open Data Access (YODA) Project
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1. Identifying Information

Date: **27/10 2014**

Name (include degree(s)): **Magnus Frederik Groendahl, Med. Student**

Primary Employer: **Copenhagen University Hospital Gentofte**

Title of Project: **The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials**

Are you the Principal Investigator (PI)? ☐ Yes ☒ No

If not, who is the PI? **Heidi Storgaard**

Data Holder from which data are requested:

☐ Medtronic

☒ Janssen / Johnson & Johnson

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.).

☐ 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

[illegible]

**Yale University Open Data Access (YODA) Project
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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*): **I hold a minor quantity of shares in the public danish company "Zealand Pharma". Zealand Pharma has among it's products GLP-1 based diabetes medicine.**

☐ 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:  Date: 13/11/2014

Print Name: Magnus Frederik Groendahl

Please keep a copy of this document for your records.

7. Definitions

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

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Other: Anything not covered under the categories of Grant, Personal Fees and Non-financial Support.

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

1. Identifying Information

Date: **26. october 2014**

Name (include degree(s)): **Professor Tina Vilsbøll, MD DMSc**

Primary Employer: **Gentofte Hospital, University of Copenhagen, Denmark**

Title of Project: **The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials**

Are you the Principal Investigator (PI)? ☐ Yes ☒ No

If not, who is the PI? **Heidi Storgaard**

Data Holder from which data are requested:

☐ Medtronic

☒ Janssen / Johnson & Johnson

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.).

☐ 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

[illegible]

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☒ 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:  Date: 26/10-14

Print Name: Tina Vilsbøll

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.

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Other: Anything not covered under the categories of Grant, Personal Fees and Non-financial Support.