

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

**1. Identifying Information**

Date: 10/22/16

Name (include degree(s)): Gary R. Lichtenstein  
Primary Employer: University of Pennsylvania

Title of Project: Individual Participant-Level Data, which includes Full CSR and all supporting documentation

Are you the Principal Investigator (PI)? ☐ Yes ☒ No  
If not, who is the PI? Frank Scott, MD

**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 type="checkbox"/> Academic institution | <i>Detail:</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

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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). *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.**

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments, Detail
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IBD Fellowship grant for PGY7 fellow at U Penn
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Actavis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Alaven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Celgene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research on IBD
Clinical Advances in Gastroenterology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiology
Ferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Associate Editor
Gastroenterology and Hepatology (Gastro-Hep Communications)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Hospira	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium (CME Program)
Ironwood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unfunded research
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant, Honorarium for CME program
American Regent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium (CME program)
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for CME
McMahon Publishing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Prometheus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

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<b>Romark</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consultant, Honorarium for CME</b>
<b>Salix / Valeant</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consulting Research</b>
<b>Santarus /</b>					
<b>Receptos /</b>					
<b>Celgene</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consulting, Research</b>

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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*):

Shire Pharmaceuticals

Consultant, Research

SLACK, Inc

Book Royalty

Springer Science and Business Media

Editor (Honorarium)

Takeda

Consultant, Research

UCB

Consultant, Research

Up-To-Date

Author (Honorarium)

☐ 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: \_\_\_\_\_

10/22/2016

Print Name: Gary R. Lichtenstein

*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.

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