

**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: 27/10/16

**Print Name: Stefan Leucht**

*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.



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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
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honoraria for lectures, medication for clinical trial
Lundbeck (Institute)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures, preparation of educational material and publications
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
Johnson and Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
Otzuka	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
Teva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for lectures
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	preparation of educational material and publications
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**1. Identifying Information**

Date: 18.4.16

Name (include degree(s)): Prof. Dr. Dr h.c. Stefan Leucht

Primary Employer: Department of Psychiatry and Psychotherapy, Klinikum rechts der Isar, Technical University of Munich

Title of Project: Incidence of death and other SAEs related to second generation

antipsychotic or placebo treatment in RCTs - a systematic review and meta-analysis

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.).

Government entity *Detail: Grant from german ministry of education and research*

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