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

1. Identifying Information

Date: 06/10/2020					
Name (include degree(s)): Aisling Kearney MSc Primary Employer: Exploristics Ltd Email Address: aisling.kearney@exploristics.com					
Title of Project: Development and assessment of Virtual Cohorts derived from historical Pulmonary Arterial Hypertension clinical trials					
Are you the Principal Investig If not, who is the PI?	gator (PI)? ☐Yes				
2. Financial Support for th	ne 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 clinical research and devel	Detail: Innovate UK Smart Grant Ref 105729 "Transforming opment through the exploitation of patient level data sources"				
☐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? \textstyle Yes \((explain):\) \textstyle No					
4. Relevant Financial Activ	vities Outside the Proposed Research				
Check only the statement that applies:					
I (and/or my spouse or do	mestic partner) have no financial relationships to disclose. mestic partner) have a financial relationship or affiliation with the c(s). Provide details on the following page.				

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If you (and/or your spouse or domestic partner) have a financial relationship or affiliation with commercial interest(s), please 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.

		Personal	Non- Financial		
Name of Entity	Grant?	Fees?	Support?	Other?	Comments, Detail
Exploristics Ltd				\boxtimes	Employee

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5. Relationships Not Covered Above

	relationships or activities that of ance of potentially influencing, t	•	•			
	wing relationships/conditions/c tionships/conditions/circumstar					
On occasion, the	e YODA Project may ask for ad	ditional information about re	ported relationships.			
6. Signature Attesting to the Above						
By signing below	v, you attest that the informatio	n provided above is correct.				
Signature:	DocuSigned by: Aisling Kearney D691BA87E922445	Date: _	06/10/2020			
Print Name: Ais						

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.