

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

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.*

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments, Detail
Abbvie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant & consultancy and/or advisory board
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy and/or advisory board
Schering-Plough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy and/or advisory board
Janssen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant & consultancy and/or advisory board
Celltrion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant & consultancy and/or advisory board
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy and/or advisory board
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy and/or advisory board
Takeda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant & consultancy and/or advisory board
	<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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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: 9 Dec 2014
Print Name: Shomron Ben-Horin

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.