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

1. Identifying Information

Date: 17 Nov 2014

Name (include degree(s)): Kay Sauder
Primary Employer: University of Michigan

Title of Project: Can Machine Learning Algorithms using General Labs Predict Biologic Remission for Patients in the SONIC trial?

Are you the Principal Investigator (PI)? □Yes ☒No
If not, who is the PI? Peter Higgins

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): Higgins, Waljee, and Zhu currently are inventors of the following patent held by the Regents of the University of Michigan:
Algorithms to predict clinical response, adherence, and shunting with thiopurines
Assignee: The Regents of the University of Michigan (Ann Arbor, MI)
Family ID: 40028417
Appl. No.: 11/804,366
Filed: May 18, 2007

☐No
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.

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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.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments, Detail</th>
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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: 17 NOV 2014

Print Name: Kay Sauder

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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1. Identifying Information

Date: 18 Nov 2014

Name (include degree(s)): Peter Higgins
Primary Employer: University of Michigan

Title of Project: Can Machine Learning Algorithms using General Labs Predict Biologic Remission for Patients in the SONIC trial?

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

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By signing below, you attest that the information provided above is correct.

Signature: [Signature] Date: 18 Nov 2022
Print Name: Peter Higgins

Please keep a copy of this document for your records.

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1. Identifying Information

Date: 02 Dec 2014

Name (include degree(s)): Akbar Waljee
Primary Employer: University of Michigan

Title of Project: Can Machine Learning Algorithms using General Labs Predict Biologic Remission for Patients in the SONIC trial?

Are you the Principal Investigator (PI)? ☑Yes ☐No
If not, who is the PI? Peter Higgins

Data Holder from which data are requested: ☑Medtronic
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Signature: ___________________________ Date: 12/2/14

Print Name: Akbar Waljee

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1. Identifying Information

Date: 18 Nov 2014

Name (include degree(s)): Yiwei Zhang
Primary Employer: University of Michigan

Title of Project: Can Machine Learning Algorithms using General Labs Predict Biologic Remission for Patients in the SONIC trial?

Are you the Principal Investigator (PI)? □ Yes  ☒ No
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Signature: Yiwei Zhang Date: 11/18/2014

Print Name: Yiwei Zhang

Please keep a copy of this document for your records.

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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: 02 Dec 2014

Name (include degree(s)): Ji Zhu  
Primary Employer: University of Michigan

Title of Project: Can Machine Learning Algorithms using General Labs Predict Biologic Remission for Patients in the SONIC trial?

Are you the Principal Investigator (PI)?  □ Yes  □ No  
If not, who is the PI? Peter Higgins

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): Higgins, Waljee, and Zhu currently are inventors of the following patent held by the Regents of the University of Michigan: Algorithms to predict clinical response, adherence, and shunting with thiopurines  
Assignee: The Regents of the University of Michigan (Ann Arbor, MI)   
Family ID: 40028417   
Appl. No.: 11/804,366   
Filed: May 18, 2007  □ No
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.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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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: 12/2/2019

Print Name: Ji Zhu

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