| 1. Identifying Information | | | | | |
|--|---|--|--|--|--|
| Date: 03/10/15 | | | | | |
| | Name (include degree(s)): Atsushi Sakuraba, MD, PhD Primary Employer: University of Chicago | | | | |
| Title of Project: Impact of the biologics: Patient level met randomized controlled trial | ta-analysis of | dulators on pharmacokinetics of | | | |
| Are you the Principal Investig If not, who is the PI? | gator (PI)? ⊠Yes □No | | | | |
| Data Holder from which data | | ☑Medtronic ☑Janssen / Johnson & Johnson | | | |
| 2. Financial Support for th | e Proposed Research | 1 | | | |
| institution will receive paymen | nt or services <i>at any tir</i> | third party sources from which you or your ne for any aspect of the proposed research t preparation, statistical analysis, etc.). | | | |
| ☐Government entity | Detail: | | | | |
| ☐Commercial entity | Detail: | | | | |
| ☐Private foundation | Detail: | | | | |
| ☐Academic institution | Detail: | | | | |
| Other | Detail: | | | | |
| 3. Intellectual Property | | | | | |
| | nether planned, pending (explain): | g or issued, broadly relevant to the proposed | | | |

4. Relevant Financial Activities Outside the Proposed Research

| Check only the statement that applies: |
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| ☐ 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). <i>Provide details in the table below.</i> |

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 |
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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 (<i>explain</i>): ☐ 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: |
| 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. |

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| Are you the Principal Investig If not, who is the PI? Atsush | | lo |
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| institution will receive payme | nt or services <i>at any t</i> | e third party sources from which you or your ime for any aspect of the proposed research pt preparation, statistical analysis, etc.). |
| ☐Government entity | Detail: | |
| ☐Commercial entity | Detail: | |
| ☐Private foundation | Detail: | |
| ☐Academic institution | Detail: | |
| Other | Detail: | |
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| 6. Signature Attesting to the Above |
| By signing below, you attest that the information provided above is correct. |
| |
| Signature: Mu Mg/L Date: 3/9/2915 |
| Print Name: Michael Hayes |
| 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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| Other | Detail: | |
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|--|----------|-------------|--------------------|--------|--|
| Name of Entity | Grant? | Fees? | Financial Support? | Other? | Comments, Detail |
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| 6. Signature Attesting to the Above |
| By signing below, you attest that the information provided above is correct. |
| |
| Signature: Yuga Komaki Date: March/10/2015 |
| Print Name: Yuga Komaki |
| Please keep a copy of this document for your records. |
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