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

1. Identifying Informa	tion					
Date:						
Name (include degree(s)): Ana-Maria Orbai, MD MHS Primary Employer: Johns Hopkins University						
Title of Project:	GRAPPA-OMEF	RACT PsA Working Group PsA Instrument Assessment				
Are you the Principal Investigator (PI)? Yes No If not, who is the PI? Alexis Ogdie, MD MSCE						
Data Holder from which	data are reques	ted: Medtronic X 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 <i>at any time</i> 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:					
x Private foundation	Detail:	Rheumatologyu Research Foundation				
XAcademic institution	Detail:	Johns Hopkins University				
Other	Detail:					
3. Intellectual Propert	у					
Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research?						

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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). <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.

			Non-	
		Personal	Financial	
Name of Entity	Grant?	Fees?	Support?	Other? Comments, Detail
Rheumatology Research X				Rheumatology Research Foundation
Foundation				Scientist Development Award, grant to m
				Institution

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5. Relationships Not Covered Above

Are there other relationships or activities that others could perceive t give the appearance of potentially influencing, the research for which form?	
\square Yes, the following relationships/conditions/circumstances are presa. No other relationships/conditions/circumstances exist that present interest	` '
On occasion, the YODA Project may ask for additional information al	bout reported relationships
6. Signature Attesting to the Above	
By signing below, you attest that the information provided above is c	orrect.
Signature:I	Date:
Print Name: Ana-Maria Orbai	

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.