

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

1. Identifying Information

Date: August 10, 2020

Name (include degree(s)): **Dr. Neeraj Narula, MD, MPH, FRCPC**

Primary Employer: **McMaster University**

Email Address: **neeraj.narula@medportal.ca**

Title of Project: Comparative Efficacy of Ustekinumab and Infliximab on Clinical and Endoscopic Outcomes in Crohn's Disease

Are you the Principal Investigator (PI)? Yes No

If not, who is the PI?

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.).

Please note: you do not need to include your primary employer.

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*):

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 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.**

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments, Detail
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees, advisory boards
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees, advisory boards
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees, advisory boards
Ferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees, advisory boards
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees, advisory boards
Lupin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees, advisory boards
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