

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

**1. Identifying Information**

Date: **10/01/2019**

Name (include degree(s)): **Zhongya Wang Ms**  
Primary Employer: **Robarts Clinical Trials**  
Email Address: **zhongya.wang@robartsinc.com**

Title of Project: **Defining a therapeutic drug window for infliximab induction therapy in pediatric patients with moderate-to-severe Crohn's disease.**

Are you the Principal Investigator (PI)?  Yes  No  
If not, who is the PI? **Dr. Adam Cheifetz**

**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.

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|---|----------------|
| <input type="checkbox"/> Government entity    | <i>Detail:</i> |
| <input type="checkbox"/> Commercial entity    | <i>Detail:</i> |
| <input type="checkbox"/> Private foundation   | <i>Detail:</i> |
| <input type="checkbox"/> Academic institution | <i>Detail:</i> |
| <input type="checkbox"/> Other                | <i>Detail:</i> |

**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
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