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

1. Identifying Information

Date: **04/26/2021**

Name (include degree(s)): **Shreedhar Kulkarni, MD**
Primary Employer: **LSU Health Shreveport**
Email Address: **skulka@lsuhsc.edu**

Title of Project: **Estimation of Geographic and Demographic Variabilities Associated with Schizophrenia Age of Onset and Duration of Untreated Psychosis**

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

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
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
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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:** 04/26/2021

Print Name: Shreedhar Kulkarni

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.