1. Identifying Information		
Date: May 26/2015		
Name (include degree(s)): U IPrimary Employer: N/A	ban Emmenegger, M	I D
		g-Drug Interactions (DDI) in Patients with reated with Abiraterone (AA)
Are you the Principal Investig If not, who is the PI?	ator (PI)? ⊠Yes ☐N	0
Data Holder from which data	are requested:	☐Medtronic ☑Janssen / Johnson & Johnson
2. Financial Support for th	e Proposed Researc	h
institution will receive paymen	nt or services at any ti	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: N/A	
Commercial entity	Detail: N/A	
⊠Private foundation Durham Chapter (Ontario, €		cer Fight Foundation - Ride for Dad,
☐Academic institution	Detail: N/A	
Other	Detail: N/A	
3. Intellectual Property		
	nether planned, pendin (explain):	ng or issued, broadly relevant to the proposed

4. Relevant Financial Activities Outside the Proposed Research

Check only the statement that applies:
\boxtimes I (and/or my spouse or domestic partner) have no financial relationships to disclose. \Box 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.

		Personal	Non- Financial		
Name of Entity	Grant?	Fees?	Support?	Other?	Comments, Detail
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5. Relationships Not Covered Above

give the appearance of potentially influencing, the research for which you are submitting form?	
☐ Yes, the following relationships/conditions/circumstances are present (<i>explain</i>): ☐ No other relationships/conditions/circumstances exist that present a potential conflict interest	of

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.

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.

1. Identifying Information Date: May 27/2015 Name (include degree(s)): Liying Zhang, PhD Primary Employer: N/A Title of Project: Studying the Risk of Harmful Drug-Drug Interactions (DDI) in Patients with Castration-Resistant Prostate Cancer (CRPC) Treated with Abiraterone (AA) Are you the Principal Investigator (PI)? ☐Yes ☒No If not, who is the PI? Urban Emmenegger Data Holder from which data are requested: Medtronic 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.). Government entity Detail: N/A Commercial entity Detail: N/A Detail: Ride for Dad - Prostate Cancer Fight Foundation (Durham Chapter, ON, Canada) Academic institution Detail: N/A Other Detail: N/A 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 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.

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		Personal	Financial		
Name of Entity	Grant?	Fees?	Support?	Other?	Comments, Detail
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				$ \vdash$	
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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
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Other: Anything not covered under the categories of Grant, Personal Fees and Non-financial Support.

1. Identifying Information		
Date: May 27/2015		
Name (include degree(s)): Re Primary Employer: N/A	ehana Jamani, MSc ca	andidate
Title of Project: Studying the Castration-Resistant Prosta	Risk of Harmful Drug ate Cancer (CRPC) Tro	g-Drug Interactions (DDI) in Patients with eated with Abiraterone (AA)
Are you the Principal Investig If not, who is the PI? Urban E		
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 at any til	third party sources from which you or your ne for any aspect of the proposed research t preparation, statistical analysis, etc.).
Government entity	Detail: N/A	
Commercial entity	Detail: N/A	
⊠Private foundation (Durham Chapter, ON, Can		Prostate Cancer Fight Foundation
Academic institution	Detail: N/A	
Other	Detail: N/A	
3. Intellectual Property		
	ether planned, pending (explain):	g or issued, broadly relevant to the proposed

4. Relevant Financial Activities Outside the Proposed Research

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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.

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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?
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