

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

**1. Identifying Information**

Date: **May 26/2015**

Name (include degree(s)): **Urban Emmenegger, MD**  
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?

Data Holder from which data are requested: ☐ Medtronic  
☒ 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 **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*
- ☒ Private foundation *Detail: Prostate Cancer Fight Foundation - Ride for Dad, Durham Chapter (Ontario, 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

[illegible]

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**5. Relationships Not Covered Above**

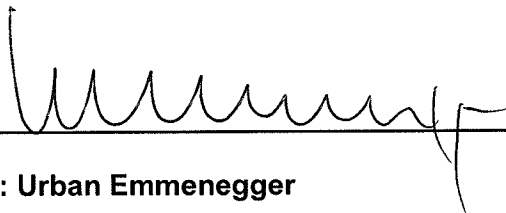
Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, the research for which you are submitting this form?

- ☐ 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: May 26, 2015

Print Name: Urban Emmenegger

*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.

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**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  
☒ 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 **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*
- ☒ Private foundation *Detail: Ride for Dad - Prostate Cancer Fight Foundation (Durham Chapter, ON, Canada)*
- ☐ Academic institution *Detail: N/A*
- ☐ Other *Detail: N/A*

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Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? ☐ Yes (*explain*):  
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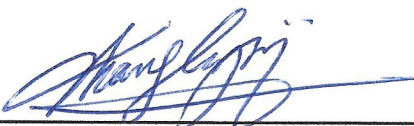
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**6. Signature Attesting to the Above**

By signing below, you attest that the information provided above is correct.

Signature:  Date: May 27, 2015

Print Name: Liying Zhang

*Please keep a copy of this document for your records.*

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**1. Identifying Information**

Date: **May 27/2015**

Name (include degree(s)): **Rehana Jamani, MSc candidate**

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

☒ 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 **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*

☒ Private foundation *Detail: Ride for Dad - Prostate Cancer Fight Foundation (Durham Chapter, ON, Canada)*

☐ Academic institution *Detail: N/A*

☐ Other *Detail: N/A*

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**6. Signature Attesting to the Above**

By signing below, you attest that the information provided above is correct.

Signature: Rehana Jamani Date: May 26, 2015

Print Name: Rehana Jamani

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