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

1. Identifying Information Date: October 15th, 2021 Name (include degree(s)): Amir Razaghizad MSc Primary Employer: Research Institute of the McGill University Health Centre Email Address: Amir.Razaghizad@mail.mcgill.ac Title of Project: Cluster analysis of cardiovascular risk phenotypes and SGLT2 inhibition in patients with type 2 diabetes and established atherosclerotic cardiovascular disease Are you the Principal Investigator (PI)? ☐Yes ☒No If not, who is the PI? Dr. Abhinav Sharma MD, PhD 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: Not Applicable 3. Intellectual Property Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? ☐Yes (explain): \boxtimes 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.

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

Please keep a copy of this document for your records.	
Print Name: Amir Razaghizad	
Signature:	Date:
By signing below, you attest that the information provided at	pove is correct.
6. Signature Attesting to the Above	
On occasion, the YODA Project may ask for additional inform	mation about reported relationships
☐ Yes, the following relationships/conditions/circumstances ☐ No other relationships/conditions/circumstances exist the interest	
Are there other relationships or activities that others could persist the appearance of potentially influencing, the research form?	•

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.