

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

## 1. Identifying Information

Date: **December 8, 2020**

Name (include degree(s)): **Robert Findling, MD**  
Primary Employer: **Virginia Commonwealth University**  
Email Address: **Robert.Findling@vcuhealth.org**

Title of Project: **Validation of a shortened PANSS for use in clinical trials of adolescent schizophrenia**

Are you the Principal Investigator (PI)?  Yes  No  
If not, who is the PI? **Joan Busner, 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.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Government entity            | <i>Detail:</i>                       |
| <input checked="" type="checkbox"/> Commercial entity | <i>Detail:</i> <b>Signant Health</b> |
| <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.*

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

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
<b>PLEASE SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

**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: December 8, 2020

**Print Name: Robert Findling, MD**

*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.



**Disclosure Statement: Robert L. Findling, M.D., M.B.A. –December 8, 2020**

Dr. Findling discloses the following past or present relationships with the following commercial organizations that could be perceived as a conflict of interest in the past 36 months:

<u>Corporation/ Organization*</u>	<u>Grant/ Research Support</u>	<u>Consultant</u>	<u>Honoraria</u>	<u>Royalties</u>
Acadia		XX		
Adamas		XX		
Aevi	XX	XX		
Afecta		XX		
Akili	XX	XX		
Alcobra	XX	XX		
Alkermes		XX		
Allergan	XX	XX		
Amerex		XX		
Am Acad CAP			XX	
American Psychiatric Press				XX
Arbor		XX		
Axsome		XX		
Daiichi-Sankyo			XX	
Gedeon Richter		XX		
Genentech		XX		
Idorsia		XX		
Intra-Cellular Therapies		XX		
KemPharm		XX		
Luminopia		XX		
Lundbeck	XX	XX		
Medavante-ProPhase		XX		
Merck		XX		
NIH	XX	XX		
Neurim	XX	XX		
Noven		XX		
Nuvelution		XX		
Otsuka		XX		
PCORI	XX			
PaxMedica		XX		
Pfizer	XX			
Physicians Postgraduate Press		XX		
Q BioMed		XX		
Receptor Life Sciences		XX		
Roche	XX	XX		
Sage				XX
Signant Health		XX		
Sunovion	XX	XX		
Supernus Pharmaceuticals	XX	XX		
Syneos		XX		

Syneurx	XX	
Takeda	XX	XX
Teva		XX
Touchpoint		XX
Tris		XX
Validus	XX	XX

 December 8, 2020

Robert Fidler, MS, MBA