Forging a unified scientific community PROJECT		
Conflict of Interest F	orm for Researchers	
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Degree(s)		
☐ MD	FRCPC	
PhD	☐ PharmD	
☐ BA / BS / BSC	☐ MBChB / MBBS	
☐ MA / MS / MSc	ScD	
MPH / MHS / MBA	Other	
	please specify 'other'	

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Primary Investigator (if applicable)

4

I am the PI for this project - I and my institution will sign the Data Use Agreement for this project

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PROJECT	Forging a unified scientific community

Conflict of Interest Form for Researchers

Select 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 <u>not</u> need to include your primary employer.

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No payment or ser	vices will be received by me or my institution esearch
Government entity	
please clarify	
Commercial entity	
please clarify	
Private foundation	
please clarify	
Academic institution	
please clarify	
Other	
alagaa alawifu	

Do you have any patents, whether planned, pending, or issued, broadly relevant to the proposed research?

O Yes	
please clarify	
— No	

Select the statement that applies:

- I (and/or my spouse or domestic partner) have no financial relationships to disclose.
- O I (and/or my spouse or domestic partner) have a financial relationship or affiliation with commercial interest(s).

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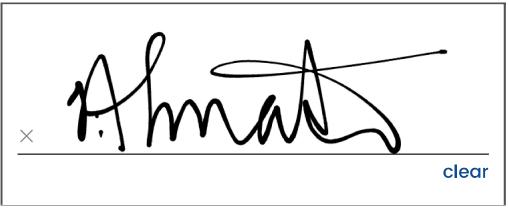
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Conflict of Interest Form for Researchers

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?

No other relationships/conditions/circumstances exist that present a potential conflict of interest		
O Ye	es, the following relationships/conditions/circumstances are present:	

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



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