Conflict of Interest Disclosure Form

For pCODR Expert Review Committee, Clinical and Economic Guidance Panel members, Provincial Advisory Group members and pCODR staff

See the Conflict of Interest Guidelines for more details on completing this form.

I have read and understood the Conflict of Interest (COI) Guidelines and I agree to be bound by the obligations contained therein. I understand that it is my responsibility to report to pCODR any real, potential or perceived conflicts of interest as defined in the pCODR COI Guidelines, and to disclose the information requested in the COI Guidelines.

As a member of a pCODR Committee, Panel, Group or Team, I also understand that a summary of my conflict of interest declaration will be publicly available on the pCODR website and updated from time to time, generally on an annual basis. This summary will include benefit type but will not provide specific monetary values.

I understand that the information disclosed will be retained on file by pCODR.

I have reviewed my activities and interests as they relate to the matters itemized in the Disclosures section of the COI Guidelines. Attached in Schedules 1, 2 and 3 is a list of those activities and interests.

I hereby certify that I have disclosed all relevant information with respect to any matter involving a Party that may place me in a real, potential or perceived conflict of interest situation. Except as otherwise disclosed in Schedules 1, 2 and 3 attached, I declare that I have no conflict of interest to report, as defined in the COI Guidelines.

I promise to inform pCODR of any change in circumstances that may create a conflict of interest as soon as it is known to me.

Date: Apr 26/14 Name: N. Khan Signature: _____

Conflict of Interest Disclosure Form - Schedule 1

(Reference: COI Guidelines Section 5.3)

Disclosures are required under Section 5.3 of the Conflict of Interest Guidelines for those activities or interests involving any Party during the past two years which benefited the Member, their immediate family members, or the department or organization for which they have managerial responsibility, particularly as the activities relate to the following areas (add pages as necessary):

For each Party and drug, technology or topic, identify the type of funding or benefit received and indicate the total value (dollar range).

Name of Party *(see section 2.2 for definition)*	**Drug, technology or topic involved and year of funding**	*Check (√) type of benefit as appropriate*						
				Funding or honoraria for:				
		Gifts	**Travel funding or payment**	**Speaking engagements**	**Educational lectures**	**Organizing conferences**	**Writing articles or editorials**	**Other**

☑ **I do not have any declarations for Schedule 1.**

Date: Apr 26/11 Name: N. Levy Signature:

Conflict of Interest Disclosure Form - Schedule 2

(Reference: COI Guidelines Section 5.4)

Disclosures are required under Section 5.4 of the Conflict of Interest Guidelines for those activities or interests involving any Party during the past two years which benefited the Member, their immediate family members, or the department or organization for which they have managerial responsibility, particularly as the activities relate to the following areas (add pages as necessary):

For each Party and drug, technology or topic, identify the type of funding or benefit received and indicate the total value (dollar range).

Name of Party *(see section 2.2 for definition)*	**Drug, technology or topic involved and year of funding**	*Check (√) type of benefit / interest as appropriate*					
		Employment	**Payment as Advisor or Consultant**	**Research funding or grants**	**Payment for academic appointments (endowed chairs)**	**Personal education funding**	**Stocks or Stock Options of more than $10,000 (excluding mutual funds)**

☑ **I do not have any declarations for Schedule 2.**

Conflict of Interest Date: Apr 26/11 Name: Nicole Signature: **(COI) Disclosure**

Form - Schedule 3

(Reference: COI Guidelines Section 5.5)

List those activities or interests involving a Party (not already listed in Schedules 1 and 2) that may affect or appear to affect the Member's objectivity or fairness (as outlined in Section 5.5.1); for example, employment of spouse/partner or child; financial interest or investment in business enterprise or corporation; lobbying or promotional activities; have you publicly testified or made other public statements, or any other interest, relationship or activity that may create a reasonable apprehension of a conflict of interest, etc.

Name of Party *(see section 2.2 for definition)*	**Nature or description of activities or interests**

List those activities or interests involving a Party with whom the Member has a potential or pending **future** commitment (as outlined in Section 5.5.2).

Name of Party *(see section 2.2 for definition)*	**Nature and timing of the future commitment details**

☑ **I do not have any declarations for Schedule 3.** none known.

Date: Apr 26/11 Name: N. [illegible] Signature: [illegible]