Attachment C: Conflicts of Interest Disclosure Form

1. Name of Recipient: Group Health Cooperative

2. Names of Principal Investigator (PI) and Key Personnel:
   David Arterburn

3. Please list any direct or indirect links to industry, such as pharmaceutical, medical device, health insurance, and health care related companies, that Recipient and any PI and Key Personnel participating in the Research Project have that have the potential to bias or appear to bias the PCORI-funded research. There is no need to include disclosures here that will be reported under Question 6. (Attach additional documents, if needed).
   None.

4. Does Recipient have a Conflicts of Interest Policy or Guidelines that meets the requirements of the federal financial conflicts of interest regulations of the U.S. Public Health Service (http://grants.nih.gov/grants/policy/coi/)?
   ☑ YES ☐ NO

David Arterburn, Group Health Cooperative
5. If you checked “No”, Recipient must provide information describing how Recipient will ensure that all aspects of PCORI-funded research are not influenced by conflicts of interest, financial or otherwise.

6. Report the existence of any conflicting financial interests related to the PCORI-funded research under this Contract and attach a mitigation plan that will address identified conflicts. Please print “None” if Recipient has no conflicting financial interests to report. Acceptable mitigation strategies include, but are not limited to a letter on institutional letter head certifying that the financial interest does not constitute a conflict.

None.
The undersigned certify that the above information is complete and true to the best of its knowledge and agree to update its disclosures as necessary to ensure that such forms are complete and accurate at all times.

Signed: 
Print Name: Dean M. Wagner, BS, MSL
Title: Director, Finance & Contract Services
Date: 1/14/16

Signed: 
Print Name: David Arterburn, MD, MPH
Title: Principal Investigator
Date: 1/14/16