Please complete and return this Disclosure Form to your staff contact as directed.

Name of Advisory Panel member: _______________________________________________________

Advisory Panel: _____________________________________________________________________

Date: ______________________________________________________________________________

PCORI’s authorizing legislation requires every member of the PCORI Board, Methodology Committee and Advisory Panels to disclose conflicts of interest not less frequently than annually involving any "association, including a financial, business, or personal association, that has the potential to bias or has the appearance of biasing" one's decisions relating to PCORI. Conflict of interest rules are essential to protect the integrity of PCORI and the trustworthiness of its research.

Please refer to the "Disclosure Guidance" below to guide you in completing the disclosures.

**Identify Financial and Business Associations:**
List: 1) name of company or organization; 2) nature of relationship (e.g. employer, stock, etc.); and, 3) identify whether it applies to self, spouse, domestic partner, child (dependent or non-dependent), sibling, parent, or other.

If you have no financial or business disclosures, state: “I have no financial or business disclosures.”

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Identify Personal Associations:
List: 1) name of company or organization; 2) nature of relationship (e.g. Board member, active volunteer, etc.); and, 3) identify whether it applies to self, spouse, domestic partner, child (dependent or non-dependent), parent, sibling, or other.

If you have no personal associations to disclose, state: “I have no personal association disclosures.”

Certification
The undersigned hereby affirms that he/she has reviewed the guidance on disclosures and received a copy of PCORI’s Conflict of Interest Policy (available on PCORI’s website) and has read and understands the policy, and agrees to comply with the policies.

I certify that, to the best of my knowledge, I have disclosed all potential conflicts of interest and agree to update my disclosures as necessary to ensure that such disclosures are complete and accurate at all times.

Signed: ______________________________________________________________________
Print Name: _____________________________________________________________________
Advisory Panel Service: ___________________________________________________________________
Date: ____________________________________________________________________________
A. Guidance: "Financial or business associations" should be disclosed in response to these statements:

1. Other than PCORI, disclose any financial benefits you receive for any health or healthcare-related organizations, such as for outside research, consulting fees, royalties, teaching or writing.

2. Disclose any shares of stock or other investment interests you own in any firm that provides health or healthcare-related products or services. You do not need to disclose mutual funds that are not healthcare-related.

3. Disclose any financial relationship with any vendor or other third party with whom PCORI has contracted with or funded.

4. To the best of your knowledge, [other than mutual funds] disclose the name of stock or other investment interests your spouse/domestic partner, your parents (including in-laws), your children, or your siblings own in any firm that provides health or healthcare-related products or services.

5. To the best of your knowledge, disclose whether your spouse/domestic partner, your parents (including in-laws), your children, or your siblings is employed by a health or health-care related organization. If so, disclose the name of the relative [relationship], name of his/her employer and job title.

6. To the best of your knowledge, disclose whether your spouse/domestic partner, your parents (including in-laws), your children, or your siblings have a financial relationship with any vendor or other third party with whom PCORI has contracted with or funded.

B. Guidance: "Personal associations" should be disclosed in response to these statements:

1. Disclose the health or healthcare-related organizations that you are a member of, serve on its Board, volunteer your services or assist in any way.

2. Disclose any individuals or organizations that you have a personal association with that might benefit in any way from PCORI decisions and/or activities.

3. To the best of your knowledge, disclose any health or healthcare-related organizations that your spouse/domestic partner, your parents (including in-laws), your children, or your siblings are a member of, serve on its Board, volunteer his/her services or assist in any way.

4. To the best of your knowledge, disclose the individuals or organizations that your spouse/domestic partner, your parents (including in-laws), your children, or your siblings have a personal association with that might benefit in any way from PCORI decisions and/or activities.

C. Practical Considerations for identifying appropriate disclosures:

1. Review COI disclosures provided previously to PCORI, posted at [http://www.pcori.org/content/board-governors](http://www.pcori.org/content/board-governors).

2. If you have made disclosures to other organizations for other purposes (such as journals, professional societies, research projects, or your employer), consider reviewing those.

3. Additionally, those who are healthcare providers who may have received payments or other transfers of value that were reported by pharmaceutical or device manufacturers ("industry") under the Physician Payments Sunshine Act ("Sunshine Act"), consider checking the reports made by the pharmaceutical and industry device manufacturers under the Sunshine Act. Note that the disclosures made by industry under the Sunshine Act may not relate to disclosures appropriate for PCORI, but may serve as a useful reminder or tool for completing your PCORI COI disclosure.
“Financial or business associations” should be disclosed below in response to these questions:

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<tr>
<td>1. Employment in the healthcare field</td>
<td>Disclose the name of your employer and any healthcare-related products or services that your employer provides.</td>
<td>Healthcare Funding Institution, Employee</td>
</tr>
<tr>
<td>2. Payment received from any healthcare related services, i.e. consulting, teaching, writing, etc.</td>
<td>Disclose others that pay you for any healthcare-related services, such as outside research, consulting fees, royalties, teaching or writing.</td>
<td>Pharmaceutical Company, Consultant</td>
</tr>
<tr>
<td>3. Stock/investments owned in healthcare-related companies</td>
<td>Disclose any shares of stock or other investment interests you own in any firm that provides healthcare-related products or services.</td>
<td>Pharmaceutical Company, Stock</td>
</tr>
<tr>
<td>4. Any financial relationship with an PCORI vendor or other third party</td>
<td>To the best of your knowledge, disclose any financial relationship with any vendor or other third party with whom PCORI has contracted with or funded.</td>
<td>PCORI Third Party, Speaker Fee</td>
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<tr>
<td>5. *Close relations’ stock/investments in healthcare-related products, services or firms</td>
<td>To the best of your knowledge, disclose the amount of stock or other investment interests your *spouse/domestic partner, your parents (including in-laws), your children, or your siblings own in any firm that provides healthcare-related products or services.</td>
<td>Pharmaceutical Company, Stock (Spouse)</td>
</tr>
<tr>
<td>6. *Close relations’ employment in the healthcare field</td>
<td>To the best of your knowledge, disclose whether your *spouse/domestic partner, your parents (including in-laws), your children, or your siblings are employed by a health care related organization/firm or other organization/firm whose income is directly affected by the health care sector (e.g., produces health care services, products, or invests in the health care sector (a hedge fund or private equity firm). If so, disclose the name of the relative, the name of his/her employer and job title.</td>
<td>Healthcare Journal, Employee (Son)</td>
</tr>
<tr>
<td>7. *Close relations’ financial relationship with any PCORI vendor or other third party</td>
<td>To the best of your knowledge, disclose whether your *spouse/domestic partner, your parents (including in-laws), your children, or your siblings have a financial relationship with any vendor or other third party with whom PCORI has contracted with or funded.</td>
<td>PCORI Vendor, Consultant (Father)</td>
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<td>3.</td>
<td>Spouse/domestic partner’s service to another healthcare-related organization as a member, a Board member, a volunteer or any other way.</td>
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