Ancillary Information Conflicts of Interest Disclosure Form  
Relating to PCORI-Funded Research Project

All fields are required.

Contract Number: AD-110114-IC

1. Name of Recipient (Awardee Institution):
   Brigham and Women’s Hospital

2. Name of PCORI-Funded Research Project:
   Patient-Centered Approaches to Collect Sexual Orientation/Gender Identity Information in the Emergency Department

3. Names and Institutions of Principal Investigator (PI) and Key Personnel:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Recipient (Awardee Institution):</th>
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<tbody>
<tr>
<td>Adil Haider</td>
<td>Principal Investigator</td>
<td>Brigham and Women’s Hospital</td>
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<th>Key Personnel Name:</th>
<th>Institution:</th>
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<tr>
<td>Jeremiah Schuur</td>
<td>Brigham and Women’s Hospital</td>
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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 US Public Health Service (http://grants.nih.gov/grants/policy/coi/) that it applies to PCORI-funded research?
5. If you checked “No,” Recipient must provide information describing how Recipient will ensure that the PCORI-Funded Research Project is not influenced by conflicts of interest.

6. Report the existence of any financial or personal interests or associations of Recipient, Principal Investigator, and Key Personnel related to the PCORI-Funded Research Project under this Contract that constitute a conflict of interest. Attach the management plan that addresses identified conflicts of interest.

Print “None” if Recipient, Principal Investigator, and Key Personnel have no financial or personal interests or associations that constitute a conflict of interest. (Attach additional documents, if needed).

We found no Financial Conflicts of Interest, as defined in the Public Health Service regulations, for the PI or Key Personnel at Brigham and Women’s Hospital. We have received no report from a subrecipient institution of a Financial Conflicts, as defined in the Public Health Service regulations, with respect to a subrecipient’s investigators.

None

7. Please list any direct or indirect links to industry (such as pharmaceutical, medical device, health insurance, and other healthcare-related companies) that Recipient has related to the PCORI-Funded Research Project.

Print “None” if there are no direct or indirect links to industry as described above. There is no need to include disclosures here that are reported under Question 6 above. (Attach additional documents, if needed).

With respect to the PI and any Key Personnel at Brigham and Women’s Hospital, Recipient has identified no interests deemed to be related to the research, as defined in the Public Health Service financial conflict of interest regulations. In addition, we have identified no other direct or indirect links to industry that Recipient and the PI and any Key Personnel at Brigham and Women’s Hospital participating in this project that have the potential to bias or appear to bias the PCORI-funded project or research. We have received no report from a subrecipient institution of any interest identified as related to the research, as defined in the Public Health Service financial conflict of interest regulations, for a subrecipient’s investigators.

None

Ancillary information/COI Disclosure Research Project Form Revised July 24, 2017
8. If Recipient has any additional material information relating to disclosures or management of conflicts of interest, or other protections against bias pertinent to the PCORI-Funded Research Project, please describe it here. Print “None” if there is no additional material information as described above.

With respect to the PI and any Key Personnel at Brigham and Women's Hospital, Recipient has no additional material information that has the potential to bias or appear to bias the PCORI-funded project or research. We have received no report from a subrecipient institution of additional material information that has the potential to bias or appear to bias the PCORI-funded project or research for a subrecipient's investigators.

None

The undersigned certify that the above information is complete and true to the best of their knowledge and understand that this completed form, with these disclosures, will be made publicly available by PCORI in conjunction with the research findings relating to the Research Project. Both the Administrative Official and Principal Investigator must complete and sign one form.

Administrative Official:

Signed: [Signature]

Print Name: Philip Beals

Title: Manager, Post-Award

Date: 08/28/2018

Principal Investigator:

Signed: [Signature]

Print Name: Adil H. Haider

Title: Kessler Director

Date: 8/16/18