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

All fields are required. Contract Number: 1011

1. Name of Recipient (Awardee Institution):
   Kaiser Permanente WA Health Research Institute (formerly Group Health Research Institute)

2. Name of PCORI-Funded Research Project:
   Creating a Clinic-Community Liaison Role in Primary Care: Engaging Patients and Community in Health Care Innovation

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>
</tr>
</thead>
<tbody>
<tr>
<td>Clarissa Hsu</td>
<td>Principal Investigator</td>
<td>Kaiser Permanente Washington Health Research Institute (KPWHRI)</td>
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<tr>
<th>Key Personnel Name</th>
<th>Institution:</th>
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<tr>
<td>Allen Cheadle</td>
<td>KPWHRI</td>
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<tr>
<td>Michele Robbins</td>
<td>Patient Participant</td>
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<tr>
<td>Janice Tufte</td>
<td>Patient Participant</td>
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</tbody>
</table>

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?

☑ YES  ☐ NO (See Question 5)

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.

Ancillary Information/COI Disclosure Research Project Form Revised July 24, 2017
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).

None


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.

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: ____________________________

Print Name: Ann Huston

Title: KPWHRI Research Compliance Project Manager, Administrative Official

Date: November 16, 2017

Principal Investigator:

Signed: ____________________________

Print Name: Clarissa Hsu

Title: Assistant Investigator

Date: 11/16/17