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

All fields are required.  

Contract Number: ME-1403-12304

1. Name of Recipient (Awardee Institution):
   Columbia University Medical Center

2. Name of PCORI-Funded Research Project:
   Engaging Stakeholders in Building Patient-centered, N-of-1 Randomized and Other Controlled Trial Methods

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>Nathalie Moise</td>
<td>Principal Investigator</td>
<td>Columbia University Medical Center</td>
</tr>
</tbody>
</table>

   Key Personnel Name:  
   Institution:

   | Nathalie Moise, MD, MS  | Columbia University Medical Center |
   | Carmela Alcantara, PhD  | Columbia University Medical Center |
   | Paul Appelbaum, MD      | Columbia University Medical Center |
   | Ying Kuen K. Cheung, PHD | Columbia University Medical Center |
   | Ian Kronish, MD         | Columbia University Medical Center |
   | Jose Luchsinger, MD, MPH| Columbia University Medical Center |
   | Steven Shea, MD         | Columbia University Medical Center |
   | Elizabeth Cohn, PhD     | Columbia University Medical Center |

Ancillary information/COI Disclosure Research Project Form Revised July 24, 2017
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/](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.

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).

Nathalie Moise, MD, MS none  Carmela Alcantara, PhD none  Paul Appelbaum, MD none  Ying Kuen K. Cheung, PHD none  Ian Kronish, MD none  Jose Luchsinger, MD, MPH none  Steven Shea, MD none  Elizabeth Cohn, PhD 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).

Nathalie Moise, MD, MS none  Carmela Alcantara, PhD none
Paul Appelbaum, MD none  
Ying Kuen K. Cheung, PHD none  
Ian Kronish, MD none  
Jose Luchsinger, MD, MPH none  
Steven Shea, MD none  
Elizabeth Cohn, PhD 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.

Not applicable

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: William Berger  
Associate Director of Operations, CUMC  
Sponsored Projects Administration  
Columbia University Medical Center

Title: [Title]

Date: 12/27/17

Principal Investigator:

Signed: [Signature]

Print Name: Nathalie Moise

Ancillary information/COI Disclosure Research Project Form Revised July 24, 2017
Title: MD

Date: 12/27/2017