

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

**All fields are required.**

Contract Number: ME-1306-00781

1. Name of Recipient (Awardee Institution):

**Albert Einstein College of Medicine**

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2. Name of PCORI-Funded Research Project:

**Development of Practical Outcome Measures to Account for Individual Differences and Temporal Changes in Quality of Life Appraisal**

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

<b>Name:</b>	<b>Role:</b>	<b>Recipient (Awardee Institution):</b>
<b>Bruce Rapkin, PhD</b>	<b>Principal Investigator</b>	<b>Albert Einstein College of Medicine</b>

<b>Key Personnel Name:</b>	<b>Institution:</b>
<b>Carolyn Schwartz, ScD</b>	<b>DeltaQuest Foundation</b>
<b>Bernard Bochner, MD</b>	<b>Memorial Sloan Kettering Cancer Center</b>
<b>Yuelin Li, PhD</b>	<b>Memorial Sloan Kettering Cancer Center</b>
<b>Alexander Sankin, MD, MS</b>	<b>Montefiore Medical Center</b>

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.

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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**

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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).

**None**

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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**

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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: **Dhanonjoy C. Saha, PhD**

Title: **Director, Office of Grant Support**

Date: **November 21, 2017**

Principal Investigator:

Signed: \_\_\_\_\_



Bruce Rapkin, Ph.D.

Print Name: \_\_\_\_\_

Professor of Epidemiology and Population Health

Title: \_\_\_\_\_

Date: **November 22, 2017** \_\_\_\_\_