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

All fields are required. Contract Number: HIS-1310-07863

1. Name of Recipient (Awardee Institution): University of North Carolina at Chapel Hill
   Recipient Internal Reference #:17-2659
2. Name of PCORI-Funded Research Project:
   Children with Disabilities Through an Accountable Care Organization
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>Paula Song</td>
<td>Principal Investigator</td>
<td>UNC Chapel Hill</td>
</tr>
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<th>Key Personnel Name:</th>
<th>Institution:</th>
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<tr>
<td>Thomas Scheid</td>
<td>Voices For Ohio’s Children</td>
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<tr>
<td>Rita Mangione-Smith</td>
<td>Seattle Children’s Research Institute</td>
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<tr>
<td>Yi Xu</td>
<td>The Ohio State University</td>
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<tr>
<td>Deena J. Chisolm</td>
<td>The Research Institute at Nationwide Children’s Hospital</td>
</tr>
</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.

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.
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.

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: Joy Bryde
Title: Conflict of interest Officer
Date: 1/22/2018

Principal Investigator:
Signed: 
Print Name: Paula H. Song
Title: Principal Investigator, Associate Professor
Date: 1/27/2018

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