

## DCRI COMMERCIAL RELATIONSHIPS TRACKING FORM

Year(s): 2016

Name: Chiara Melloni, MD

Title: Assistant Professor of Medicine

Address: Duke Clinical Research Institute, 2400 Pratt Street, Durham, NC 27705

Please complete the applicable rows in the following table. Monetary amounts are on an annual basis.

Company:	(1) A Research Grant or Contract from this Company Partially Supports My University Salary	(2) A Research Grant or Contract from this Company Supports My Research Projects	(3) Educational Activities or Lectures for this Company Generates Revenue for Duke			(4) Consulting or Other Services (Including CME) for this Company Generates Personal Income			(5) Consulting or Other non-CME Services for this Company Generates Personal Income			(6) I Receive Significant Personal Royalties from this Company	(7) I Have Equity in this Company	
			<\$5K	\$5K-\$25K	>\$25K	<\$5K	\$5K-\$25K	>\$25K	<\$5K	\$5K-\$25K	>\$25K		<\$5K	>\$5K/1%
Amgen, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaxo SmithKline (GSK)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ferring Degarelix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoffmann-La Roche	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Janssen Pharmaceutical Products	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medtronic Vascular, Inc. (formerly Medtronic AVE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novartis Pharmaceutical Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roche Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanofi-Aventis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Medicines Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regeneron Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Column Explanations:

- (1) Funding is provided for my effort in research grants or contracts for multi-center projects in which I serve as either the Chairman, Co-Chairman, Executive or Steering Committee member or I am involved as a DCRI faculty leader for specific aspects in a project. A check in this column denotes that I am involved in such a research contract. Payments for the work performed for these contracts are made to the University. A portion of my salary as a faculty member, representative of % effort on the project, is supported by these funds.
- (2) A research grant from this company supports the expenses associated with projects in the DUHS that are under my direction.
- (3) I provide educational activities or deliver occasional lectures that generate revenue from this company. All revenues from these activities are paid to the University. None of it is taken for personal income. The three columns represent annual payments of more than \$5,000, between \$5,000 and \$25,000, and in excess of \$25,000 per year from this company.
- (4) I receive personal income outside of my University salary for consulting or other services (Including CME) from this company. The three columns represent annual payments of more than \$5,000, between \$5,000 and \$25,000, and in excess of \$25,000 per year from this company.
- (5) I receive personal income outside of my University salary for consulting or other non-CME services from this company. The three columns represent annual payments of more than \$5,000, between \$5,000 and \$25,000, and in excess of \$25,000 per year from this company.
- (6) I personally receive royalties in excess of \$5,000 per year from this company.
- (7) I, or an immediate member of my family, have equity (with shareholder voting privileges) in this company of either > \$5,000 or > 1%.