

## DCRI COMMERCIAL RELATIONSHIPS TRACKING FORM

Year(s): Inclusive from January 2017 – December 2018

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Title: Professor of Medicine

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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	
			< \$10K	<input type="checkbox"/> \$10K	< \$10K	\$10–25K	<input type="checkbox"/> \$25K	< \$10K	\$10–25K	<input type="checkbox"/> \$25K		> \$10K	> 1%
American College of Cardiology	X	<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"/>
American Heart Association	X	<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"/>
Amgen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ardea Biosciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astra Zeneca	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eli Lilly & Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elsevier Publishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familial Hypercholesterolemia Foundation	X	<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 Pharmaceuticals	X	<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"/>
Flatiron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<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 Pharmaceuticals	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myokardia	X	<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"/>
Novo Nordisk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	
			< \$10K	□ \$10K	< \$10K	\$10–25K	□ \$25K	< \$10K	\$10–25K	□ \$25K		> \$10K	> 1%
Patient Centered Outcomes Research Institute	X	□	□	□	□	□	□	□	□	□	□	□	□
Pfizer	□	□	□	□	X	□	□	□	□	□	□	□	□
Regeneron	□	□	□	□	X	□	□	□	□	□	□	□	□
Roche-Genentech	□	□	□	□	X	□	□	□	□	□	□	□	□
Sanofi-Aventis	X	□	□	□	X	□	□	□	□	□	□	□	□
Signal Path	□	□	□	□	X	□	□	□	□	□	□	□	□

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 two columns represent annual payments of more or less than \$10,000 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 \$10,000, between \$10,000 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 \$10,000, between \$10,000 and \$25,000, and in excess of \$25,000 per year from this company.
- (6) I personally receive royalties in excess of \$10,000 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 > \$10,000 or > 1%.