

Please Note: Each registered clinician must complete their own separate pCODR Clinician Conflict of Interest Declarations Template even if the submission is made jointly.

Name of registered clinician:	Chaim Shustik
	Daratumumab (Darzalex®) Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an
Name of drug and indication under review:	IMiD

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- affiliations or personal or commercial relationships with drug manufacturers or other interest groups.

1.	-	Have you received any payments over the previous two years from any company or organization that may have direct or indirect interest in the drug under review?				
		Yes No				
	If no,	please go to Section B				

2.	What f	form of payment did you receive? (Check a	II tha	it apply.)
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria		Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events Other, please specify:
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Se	ction C	: Affiliations, personal or commercial rel	atior	nships
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		ertify that I have disclosed all relevant info at may place me in a real, potential or perc		
	Date: _	May 9/1 Name: C, SHUSTIL	/	Signature: Chues L



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Name of registered clinician:	Darrell White
	Daratumumab (Darzalex®)
	Indication: For the treatment of patients with
	multiple myeloma who 1) have received at least
	3 prior lines of therapy including a proteasome
	inhibitor (PI) and an immunomodulatory agent
	(IMiD); OR 2) have failed or are intolerant to a
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		Yes No
lf	no.	please go to Section B

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		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria		Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events Other, please specify:
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a F	Party tha	ertify that I have disclosed all relevant inforr at may place me in a real, potential or perce	ived c	onflict of interest situation.
Da	ite: //	49/16 Name: DARREN WHIR	Sig	nature:



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Name of registered clinician: Donna Reece

Daratumumab (Darzalex®)

Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an

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	2	Yes No
lf	no,	please go to Section B

2.	What f	form of payment did you receive?	(Ched	ck all that apply.)	
		Advisory role (e.g., advisory boards, HTA submission advice) Conference attendance Royalties Gifts Honoraria		Program or Operating Funding (e.g., website) Research/educational grants Travel grants Sponsorship of Events Other, please specify:	Research Funding
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)ate: 27	/Apr/2016 Name: D	. Reec	e Signature: Welle	4



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Name of registered clinician:	Heather Sutherland
	Daratumumab (Darzalex®) Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an
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	2 4	Yes No
lf	no,	please go to Section B

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Name of registered clinician:	Kevin Song
	Daratumumab (Darzalex®) Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an
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 Have you received any payments over the previous two years from any comportant organization that may have direct or indirect interest in the drug under review. 				
	2 4	Yes No		
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2.	What f	form of payment	did you	receive? (Check all that apply.)
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				ed all relevant information with respect to any matter involving I, potential or perceived conflict of interest situation.
	Date: _	May 2, 2016 No	ame:	Kevin Vong Signature:



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Name of registered clinician:	Nizar Jacques Bahlis			
	Daratumumab (Darzalex®) Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an			
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		ertify that I have disclosed all relevant info at may place me in a real, potential or perc		
	Date:	Apil 30, 2016 Name: NIZAR BA+	45	Signature:



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Name of registered clinician:	Richard LeBlanc		
	Daratumumab (Darzalex®) Indication: For the treatment of patients with multiple myeloma who 1) have received at least 3 prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent (IMiD); OR 2) have failed or are intolerant to a PI and who have failed or are intolerant to an		
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Se	ction B	: Holdings or Other Interests		
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Se	ction C	: Affiliations, personal or commercial rel	atior	nships
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ſ	No			
		ertify that I have disclosed all relevant info at may place me in a real, potential or perc		
	Date:	2016/04/25 Name: Richard 686	ne	Signature:



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Name of registered clinician:	Tony Reiman		
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D	ate: 2	01 (Ay 30 Name: Tony Reihon		Signature: