

pCODR Patient Advocacy Group Conflict of Interest Declarations

Name of registered patient advocacy group:

Melanoma Network of Canada

Name of drug and indication under review: Nivolumab

Conflict of Interest Declarations

Section A: Payment Received

1. Has this patient advocacy group 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?

X Yes
No

If no, please go to Section B

2. What form of payment did this patient advocacy group receive? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Operating Funds | <input checked="" type="checkbox"/> Program Funding (e.g., website) |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Research/educational grants |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Sponsorship of Events |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Other, please specify: _____ |

3. Please provide the names of companies and organizations and the amounts of the payments in the box below.

Bristol Myers Squibb Canada - \$ [REDACTED]

Section B: Holdings or Other Interests

Has this patient advocacy group received or is it in possession of stocks or options of more than \$10,000 (excluding mutual funds) for organizations that may have a direct or indirect interest in the drug under review? If yes, please list in the table below.

No

Section C: Affiliations, personal or commercial relationships

Does this patient advocacy group have personal or commercial relationships either with a drug or health technology manufacturer (including such manufacturer's parent corporation, subsidiaries, affiliates and associated corporations) or other interest groups? If yes, please provide the names of the companies and organizations and outline the nature of these relationships in the table below.


No. None

I hereby certify that I have authority to disclose all relevant information with respect to any matter involving this patient advocacy group with a company, organization or entity that may place this patient advocacy group in a real, potential or perceived conflict of interest situation.

Date:
26/08/2015

Name: Annette Cyr

Signature:

A handwritten signature in black ink that reads "Annette Cyr". The signature is written in a cursive style and is positioned to the right of the printed name.