

Appendix 1.1
CONFLICT OF INTEREST DISCLOSURE FORM

To: TI Manager

1. I have read and understood the Therapeutics Initiative (TI) Conflict of Interest Guidelines (“Conflict of Interest Guidelines”) and I agree to be bound by the obligations contained therein. I understand that it is my responsibility to report to the TI Manager any potential conflict of interest as defined in the Conflict of Interest Guidelines, and to disclose the information requested in the Conflict of Interest Guidelines. I understand that if a potential conflict arises, this information may be shared with the TI Co-Managing Directors and Executive Committee. I also understand that the information disclosed will not be made public, unless otherwise agreed to, and will be held on file by the TI Manager.
2. I understand that for the purposes of the Conflict of Interest Guidelines, and for the purpose of this Conflict of Interest Disclosure Form, “Entity” means any company, organization or individual that may have a direct or indirect interest in the matters under consideration by the TI.
3. I have reviewed my activities and interests, and those activities and interests of my immediate family members (spouse or child) as they relate to the matters itemized in the disclosure section of the Conflict of Interest Guidelines. Attached is the full listing of those activities and interests, which I certify discloses all relevant information with respect to my and my immediate family members’ activities and interests in relation to any Entity.
4. I promise to inform the TI Manager of any change in circumstances that may create a conflict of interest, as soon as it is known to me.
5. I agree not to disclose or misuse, in any way, information that I may receive in the course of my duties and activities with the TI.

Feb 21, 2020

Dr. Stirling Bryan



Date

Print Name

Signature

Appendix 1.2

CONFLICT OF INTEREST CONFIDENTIAL DISCLOSURE FORM

Disclosures are required by the TI Conflict of Interest Guidelines -- All Participants must declare potential conflicts of interest (including any that have been previously included in the TI Conflict of Interest Disclosure Form) as soon as possible (preferably within forty-eight hours).

Participants should provide this information in writing to the TI Manager using this form (add pages as necessary).

Drug Name	Indication	Entity	Potential Conflict
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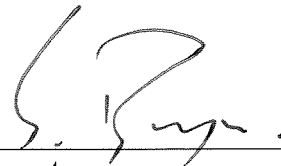
(A large diagonal line is drawn across the table area, indicating no disclosures.)

Feb 21, 2020.

Date

STIRLING BRYAN.

Print Name



Signature