International Patient Decision Aid Standards (IPDAS) Collaboration

Declaration of Interest Form

Name/ email Dawn Stacey dstacey@uottawa.ca				
Position/Title Professor and Assistant Director, School of Nursing and Senior Scientist, Ottawa Hospital Research Institute				
Employer University of Ottawa	Country			
Reporting Status	Canada Date of Completion (mm/dd/yy)			
New	08/31/18			

For <u>each</u> statement below, check Yes or No to describe your situation in the last 3 years		No
or next 12 months.		
 I have reportable assets or sources of income for myself, my spouse, or my dependent children (research support, grants, scholarships, awards, consulting fees, royalties, patients). 		
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.		х
III. I have a reportable outside position(s) for myself.		x
IV. I have reportable agreements or arrangements for myself.		x
V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.		х

If you selected Yes for any statement, you must describe the reportable interests that you have below

Type of interest	Description of interest	Date interest began	Date interest ceased	Comments/explanation (for IPDAS)
I	Grants completed and ongoing focused on decision aid implementation and cancer symptom management. Funded by Canadian Cancer Society, Canadian Institutes of Health Research, Ontario Cancer Research Institute, Cancer Care Ontario	Ongoing	ongoing	
I	Consulting with Washington State Health Care Authority	2015	2017	Training in use of IPDAS criteria. Funds were placed in a UOttawa account to par for IPDAS website updates
1	University Research Chair	2012	2022	Provides funds for graduate students (add rows as needed)

I certify that the statements I have made on this form are true, complete, and correct to the best of my knowledge. I do / do not [delete as applicable] give my consent for this information to be published on the IPDAS website.

	Date of Completion (mm/dd/yy)
Signature Jaun Josey	08/31/18
Signature /	

FOR INTERNAL REVIEWERS' USE ONLY:

Signature and Title of IPDAS Reviewer	Date (mm/dd/yy) 8/31/2~18
E-mail Address Wolk endandersonory	
Comments of Reviewer	

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Approved by the IPDAS Steering Committee: August 2018