

International Patient Decision Aid Standards (IPDAS) Collaboration

Declaration of Interest Form

Name/ email Robert J. Volk bvolk@mdanderson.org	
Position/Title Professor, Department of Health Services Research	
Employer The University of Texas MD Anderson Cancer Center	Country USA
Reporting Status New X Renewal	Date of Completion (mm/dd/yy) 08/31/2018

For <u>each</u> statement below, check Yes or No to describe your situation in the last 3 years or next 12 months.	Yes	No
I. 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).	X	
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.		X
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.		X

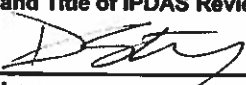
If you selected Yes for any statement, you must describe the reportable interests that you have below

Type of interest	Description of interest	Date interest began	Date interest ceased	Comments/explanation (for IPDAS)
Research support	Grants for research in patient decision aids from the US National Institutes of Health, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, American Cancer Society, PCORI, various foundations, and MD Anderson Cancer Center.	Ongoing	Ongoing	
				(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.

Signature 	Date of Completion (mm/dd/yy) 8/31/2018
---	--

FOR INTERNAL REVIEWERS' USE ONLY:

Signature and Title of IPDAS Reviewer  co-chair IPDAS steering committee	Date (mm/dd/yy) Aug 31, 2018
E-mail Address dstacey@uottawa.ca	
Comments of Reviewer	