

## 2017 Conflict of Interest Disclosure Form

**Do you or your spouse combined have an equity interest such as ownership interest, stock options (excluding mutual funds), or any other equity interest in a commercial business in the health care field?**

No

**Have you or your spouse received payments as compensation for advisory board participation, consultation with any commercial business in the health care field, speakers bureau participation, grants to fund research? If yes, please explain.**

Yes

**Advisory Board**

Yes

**Advisory Board**

Shire

McNeil

Rhodes

Takeda

Somaxon

**Consultation**

Yes

**Consultation**

Nutricia/Donnone Consultant

**Speakers Bureau**

No

**Research Grants**

Yes

**Research Grants**

Shire Research Grant PI

Pamlab/Nestle Research Grant PI

Nordic Naturals Research Grant PI