

CONFIDENTIAL

Conflict of Interest Declaration Data Stewardship Committee BC Ministry of Health

The Data Stewardship Committee (the Committee) has an obligation to conduct its business with due regard for maintaining public trust in the health care system, in government as custodian of personal health data, and in health researchers as responsible users of sensitive health information. This responsibility places a premium on committee members to act impartially and in good faith; it also imposes an obligation to avoid situations which lead to real, potential, or perceived conflicts of interest and thereby compromise the integrity of the Committee or the member.

According to Section 2 of the Data Stewardship Committee Conflict of Interest Policy, members must make an annual written disclosure of all financial interests, professional, volunteer or other affiliations or activities that might give rise to a real, potential, or perceived conflict of interest with the issues before the Committee.

(Please complete electronically and then print to sign. If you require more room than the space provided, please use a separate piece of paper)

CONTACT INFORMATION

Name *(Please Print – Title/First/Initial/Last)*: Mr. Ted E. Taylor

Telephone: *Work* s.17 s.22

Cell s.22

Home Address s.22

Email Address: ted@gsinfinity.com

CONFLICT OF INTEREST – DISCLOSURE STATEMENT

A conflict of interest arises where you have an interest which conflicts (or might conflict, or might be perceived to conflict) with the interests of the Organization.

A conflict of interest may take a number of forms. It may be financial or non-financial. It may be direct or indirect. It may be professional or family related.

A conflict of interest may arise from directorships or other employment; interests in business enterprises or professional practices; share ownership; beneficial interests in trusts; existing professional or personal associations with the Organization; professional associations or relationships with other organizations; personal associations with other groups or organizations; or family relationships.

Every director or potential director of the Organization must disclose any duty or interest that might conflict with his or her duty or interest to the Organization.

1. A direct or indirect conflict with my duty as a Director of the Organization may arise because (please indicate if non-applicable):
 - a) I, or my associates¹, hold the following offices (appointed or elected):

Data Stewardship Committee - Otherwise non-applicable
 - b) I, my associates, or any trustee or any nominee on my behalf, own or possess, directly or indirectly, the following interests (i.e., shares, businesses, or properties):

Home / Shares in Private Company (family business) non-pharmaceutical
 - c) I, or my associates, have the following interests in existing or proposed transactions with the Organization.

non-applicable
2. The nature and extent of the conflicting office duty or interest referred to in sub-paragraphs 9(a) or 9(b) is (please indicate if non-applicable):

non-applicable
3. A real or perceived conflict of interest with my duty as an appointee to the Organization may arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources (please indicate if non-applicable):

non-applicable

¹ "associate" of a person means any person closely connected by blood or otherwise including, but not limited to, a spouse (including common-law spouse), parent, grandparent, brother, sister, child or grandchild.

4. The following is a list of each subsidiary² or affiliate³ of a company listed in paragraph 9(b) or 11 of this Profile and Declaration.

<i>Company Listed in Paragraph 9(b) or 11</i>	<i>Name of Subsidiary or Affiliate</i>	<i>Type of Business Ordinarily Carried on by Subsidiary or Affiliate</i>

5. If, at any time following the signing of this Profile and Declaration, there are changes to the information given herein regarding conflict of interest, either by way or addition or deletion, I shall forthwith file with the Organization a supplementary disclosure statement describing such change.

Yes: ☒ No: ☐

6. Other than disclosed above, do you have any relationships or interests that could compromise, or be perceived to compromise, your ability to exercise judgment with a view to the best interests of the Organization?

Yes: ☐ No: ☒

Describe:

² For the purposes of this Profile and Declaration, a corporation is a subsidiary of another corporation where:

(a) it is controlled by:

(i) that other corporation;

(ii) that other corporation and one or more other corporations, each of which is controlled by that other corporation; or

(iii) two or more other corporations, each of which is controlled by that other corporation; or

(b) it is a subsidiary or a subsidiary of that other corporation.

³ For the purposes of this Profile and Declaration, one corporation is affiliated with another corporation where one of them is the subsidiary of the other, or both are subsidiaries of the same corporation, or each of them is controlled by the same person.

ATTESTATION AND SIGNATURE

I, Ted Taylor

1. attest to the veracity of the information provided in this Profile and Declaration;
2. acknowledge and agree to adhere to the Charter of Expectations for Directors of Governing Boards; and
3. consent to a copy of this Profile being provided to the Organization.



Signature

May 23, 2013
Date

**Conflict of Interest Declaration
Data Stewardship Committee
BC Ministry of Health**

The Data Stewardship Committee (the Committee) has an obligation to conduct its business with due regard for maintaining public trust in the health care system, in government as custodian of personal health data, and in health researchers as responsible users of sensitive health information. This responsibility places a premium on committee members to act impartially and in good faith; it also imposes an obligation to avoid situations which lead to real, potential, or perceived conflicts of interest and thereby compromise the integrity of the Committee or the member.

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(Please complete electronically and then print to sign. If you require more room than the space provided, please use a separate piece of paper)

E 2E3

CONTACT INFORMATION

Name (*Please Print – Title/First/Initial/Last*): Dr. Robin D. Saunders

Telephone: *Work* s.17 s.22
Cell s.22

Home Address: s.22

Email Address: rd.saunders@shaw.ca

CONFLICT OF INTEREST – DISCLOSURE STATEMENT

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A conflict of interest may take a number of forms. It may be financial or non-financial. It may be direct or indirect. It may be professional or family related.

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Every director or potential director of the Organization must disclose any duty or interest that might conflict with his or her duty or interest to the Organization.

1. A direct or indirect conflict with my duty as a Director of the Organization may arise because (please indicate if non-applicable):
 - a) I, or my associates¹, hold the following offices (appointed or elected):

BCMA Board Member
 - b) I, my associates, or any trustee or any nominee on my behalf, own or possess, directly or indirectly, the following interests (i.e., shares, businesses, or properties):

N/A
 - c) I, or my associates, have the following interests in existing or proposed transactions with the Organization.

n/A
2. The nature and extent of the conflicting office duty or interest referred to in subparagraphs 9(a) or 9(b) is (please indicate if non-applicable):

N/A
3. A real or perceived conflict of interest with my duty as an appointee to the Organization may arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources (please indicate if non-applicable):

BCMA

¹ "associate" of a person means any person closely connected by blood or otherwise including, but not limited to, a spouse (including common-law spouse), parent, grandparent, brother, sister, child or grandchild.

4. The following is a list of each subsidiary² or affiliate³ of a company listed in paragraph 9(b) or 11 of this Profile and Declaration.

<i>Company Listed in Paragraph 9(b) or 11</i>	<i>Name of Subsidiary or Affiliate</i>	<i>Type of Business Ordinarily Carried on by Subsidiary or Affiliate</i>
N/A		

5. If, at any time following the signing of this Profile and Declaration, there are changes to the information given herein regarding conflict of interest, either by way or addition or deletion, I shall forthwith file with the Organization a supplementary disclosure statement describing such change.

Yes: X ☐ No: ☐

6. Other than disclosed above, do you have any relationships or interests that could compromise, or be perceived to compromise, your ability to exercise judgment with a view to the best interests of the Organization?

Yes: ☐ No: X ☐

Describe:

² For the purposes of this Profile and Declaration, a corporation is a subsidiary of another corporation where:

(a) it is controlled by:

(i) that other corporation;
(ii) that other corporation and one or more other corporations, each of which is controlled by that other corporation; or
(iii) two or more other corporations, each of which is controlled by that other corporation; or

(b) it is a subsidiary or a subsidiary of that other corporation.


³ For the purposes of this Profile and Declaration, one corporation is affiliated with another corporation where one of them is the subsidiary of the other, or both are subsidiaries of the same corporation, or each of them is controlled by the same person.

ATTESTATION AND SIGNATURE

I, Robin D. Saunders

(Print Name):

1. attest to the veracity of the information provided in this Profile and Declaration;
2. acknowledge and agree to adhere to the Charter of Expectations for Directors of Governing Boards; and
3. consent to a copy of this Profile being provided to the Organization.



Signature

2015/2013
Date

**Conflict of Interest Declaration
Data Stewardship Committee
BC Ministry of Health**

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(Please complete electronically and then print to sign. If you require more room than the space provided, please use a separate piece of paper)

CONTACT INFORMATION

Name (*Please Print – Title/First/Initial/Last*): Orvin C.W. Lau

Telephone: *Work* s.17 *Home* s.22

Home Address: s.22

Email Address: lau@crnbc.ca
orvin@orvinconsulting.com

CONFLICT OF INTEREST – DISCLOSURE STATEMENT

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1. A direct or indirect conflict with my duty as a Director of the Organization may arise because (please indicate if non-applicable):
 - a) I, or my associates¹, hold the following offices (appointed or elected):
(non-applicable)
 - b) I, my associates, or any trustee or any nominee on my behalf, own or possess, directly or indirectly, the following interests (i.e., shares, businesses, or properties):
(non-applicable)
 - c) I, or my associates, have the following interests in existing or proposed transactions with the Organization.
(non-applicable)
2. The nature and extent of the conflicting office duty or interest referred to in sub-paragraphs 9(a) or 9(b) is (please indicate if non-applicable):
(non-applicable)
3. A real or perceived conflict of interest with my duty as an appointee to the Organization may arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources (please indicate if non-applicable):
None currently.

As a matter of full disclosure, I disclose that I have received remuneration in March 2011 indirectly (through subcontracting) from The University of British Columbia (UBC) for consulting services provided to Population Data BC, a research unit of UBC, and from the Risk Hansen Institute. I do not have any current or ongoing interest in those organizations.

¹ "associate" of a person means any person closely connected by blood or otherwise including, but not limited to, a spouse (including common-law spouse), parent, grandparent, brother, sister, child or grandchild.

4. The following is a list of each subsidiary² or affiliate³ of a company listed in paragraph 9(b) or 11 of this Profile and Declaration.

<i>Company Listed in Paragraph 9(b) or 11</i>	<i>Name of Subsidiary or Affiliate</i>	<i>Type of Business Ordinarily Carried on by Subsidiary or Affiliate</i>
<i>(not applicable)</i>		

5. If, at any time following the signing of this Profile and Declaration, there are changes to the information given herein regarding conflict of interest, either by way or addition or deletion, I shall forthwith file with the Organization a supplementary disclosure statement describing such change.

Yes: ☒ No: ☐

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Yes: ☐ No: ☒

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(i) that other corporation;
(ii) that other corporation and one or more other corporations, each of which is controlled by that other corporation; or
(iii) two or more other corporations, each of which is controlled by that other corporation; or

(b) it is a subsidiary or a subsidiary of that other corporation.

³ For the purposes of this Profile and Declaration, one corporation is affiliated with another corporation where one of them is the subsidiary of the other, or both are subsidiaries of the same corporation, or each of them is controlled by the same person.

ATTESTATION AND SIGNATURE

I, Orvin C. W. Lau (*Print Name*):

1. attest to the veracity of the information provided in this Profile and Declaration;
2. acknowledge and agree to adhere to the Charter of Expectations for Directors of Governing Boards; and
3. consent to a copy of this Profile being provided to the Organization


Signature

Sept. 19, 2013
Date

**Conflict of Interest Declaration
Data Stewardship Committee
BC Ministry of Health**

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(Please complete electronically and then print to sign. If you require more room than the space provided, please use a separate piece of paper)

CONTACT INFORMATION

Name *(Please Print – Title/First/Initial/Last)*: **Mr. Michael J. Epp**

Telephone: *Work* s.17 *Home* s.22

Home Address: s.22

Email Address: mepp@cpsbc.ca

CONFLICT OF INTEREST – DISCLOSURE STATEMENT

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1. A direct or indirect conflict with my duty as a Director of the Organization may arise because (please indicate if non-applicable):
 - a) I, or my associates¹, hold the following offices (appointed or elected):
 - b) I, my associates, or any trustee or any nominee on my behalf, own or possess, directly or indirectly, the following interests (i.e., shares, businesses, or properties):
 - c) I, or my associates, have the following interests in existing or proposed transactions with the Organization.
2. The nature and extent of the conflicting office duty or interest referred to in subparagraphs 9(a) or 9(b) is (please indicate if non-applicable):
3. A real or perceived conflict of interest with my duty as an appointee to the Organization may arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources (please indicate if non-applicable):

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Yes: X No: ☐

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Yes: ☐ No X

Describe:

² For the purposes of this Profile and Declaration, a corporation is a subsidiary of another corporation where:

(a) it is controlled by:

(i) that other corporation;

(ii) that other corporation and one or more other corporations, each of which is controlled by that other corporation; or

(iii) two or more other corporations, each of which is controlled by that other corporation; or


(b) it is a subsidiary or a subsidiary of that other corporation.

³ For the purposes of this Profile and Declaration, one corporation is affiliated with another corporation where one of them is the subsidiary of the other, or both are subsidiaries of the same corporation, or each of them is controlled by the same person.

ATTESTATION AND SIGNATURE

I, Michael J. Epp:

1. attest to the veracity of the information provided in this Profile and Declaration;
2. acknowledge and agree to adhere to the Charter of Expectations for Directors of Governing Boards; and
3. consent to a copy of this Profile being provided to the Organization.



Signature

MAY 21, 2013
Date

**Conflict of Interest Declaration
Data Stewardship Committee
BC Ministry of Health**

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(Please complete electronically and then print to sign. If you require more room than the space provided, please use a separate piece of paper)

CONTACT INFORMATION

Name (Please Print – Title/First/Initial/Last): CAMERON D Egli

Telephone: Work s.17
Cell s.22

Home Address: s.22

Email Address: cameron.egli@bcpharmacists.org

CONFLICT OF INTEREST – DISCLOSURE STATEMENT

A conflict of interest arises where you have an interest which conflicts (or might conflict, or might be perceived to conflict) with the interests of the Organization.

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Every director or potential director of the Organization must disclose any duty or interest that might conflict with his or her duty or interest to the Organization.

1. A direct or indirect conflict with my duty as a Director of the Organization may arise because (please indicate if non-applicable):
 - a) I, or my associates¹, hold the following offices (appointed or elected):

none
 - b) I, my associates, or any trustee or any nominee on my behalf, own or possess, directly or indirectly, the following interests (i.e., shares, businesses, or properties):

none
 - c) I, or my associates, have the following interests in existing or proposed transactions with the Organization.

none
2. The nature and extent of the conflicting office duty or interest referred to in sub-paragraphs 9(a) or 9(b) is (please indicate if non-applicable):

none
3. A real or perceived conflict of interest with my duty as an appointee to the Organization may arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources (please indicate if non-applicable):

none

¹ "associate" of a person means any person closely connected by blood or otherwise including, but not limited to, a spouse (including common-law spouse), parent, grandparent, brother, sister, child or grandchild.

4. The following is a list of each subsidiary² or affiliate³ of a company listed in paragraph 9(b) or 11 of this Profile and Declaration.

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5. If, at any time following the signing of this Profile and Declaration, there are changes to the information given herein regarding conflict of interest, either by way or addition or deletion, I shall forthwith file with the Organization a supplementary disclosure statement describing such change.

Yes: x No: ☐

6. Other than disclosed above, do you have any relationships or interests that could compromise, or be perceived to compromise, your ability to exercise judgment with a view to the best interests of the Organization?

Yes: ☐ No: x

Describe:

² For the purposes of this Profile and Declaration, a corporation is a subsidiary of another corporation where:

(a) it is controlled by:

(i) that other corporation;
(ii) that other corporation and one or more other corporations, each of which is controlled by that other corporation; or
(iii) two or more other corporations, each of which is controlled by that other corporation; or

(b) it is a subsidiary or a subsidiary of that other corporation.

³ For the purposes of this Profile and Declaration, one corporation is affiliated with another corporation where one of them is the subsidiary of the other, or both are subsidiaries of the same corporation, or each of them is controlled by the same person.

ATTESTATION AND SIGNATURE

I, _____ (Print Name): Cameron Egli

1. attest to the veracity of the information provided in this Profile and Declaration;
2. acknowledge and agree to adhere to the Charter of Expectations for Directors of Governing Boards; and
3. consent to a copy of this Profile being provided to the Organization.



Signature

May 22, 2013
Date

**Conflict of Interest Declaration
Data Stewardship Committee
BC Ministry of Health**

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(Please complete electronically and then print to sign. If you require more room than the space provided, please use a separate piece of paper)

CONTACT INFORMATION

Name (*Please Print – Title/First/Initial/Last*): Dr. Bruce C. Carleton

Telephone: *Work*
Cel

s.22

s.17

s.22

Home Address:

s.22

Email Address: bcarleton@popi.ubc.ca

CONFLICT OF INTEREST – DISCLOSURE STATEMENT

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Every director or potential director of the Organization must disclose any duty or interest that might conflict with his or her duty or interest to the Organization.

1. A direct or indirect conflict with my duty as a Director of the Organization may arise because (please indicate if non-applicable):
 - a) I, or my associates¹, hold the following offices (appointed or elected):

Professor (Pediatrics) & Co-Chair, Division of Translational Therapeutics,
Faculty of Medicine, University of British Columbia;

Director, Pharmaceutical Outcomes Programme, BC Children's Hospital;

Director, Therapeutic Evaluation Unit, BC Provincial Health Services Agency

Senior Clinician Scientist, Child & Family Research Institute
 - b) I, my associates, or any trustee or any nominee on my behalf, own or possess, directly or indirectly, the following interests (i.e., shares, businesses, or properties):

N/A
 - c) I, or my associates, have the following interests in existing or proposed transactions with the Organization.

N/A
2. The nature and extent of the conflicting office duty or interest referred to in sub-paragraphs 9(a) or 9(b) is (please indicate if non-applicable):

N/A
3. A real or perceived conflict of interest with my duty as an appointee to the Organization may arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources (please indicate if non-applicable):

See attached

¹ "associate" of a person means any person closely connected by blood or otherwise including, but not limited to, a spouse (including common-law spouse), parent, grandparent, brother, sister, child or grandchild.

4. The following is a list of each subsidiary² or affiliate³ of a company listed in paragraph 9(b) or 11 of this Profile and Declaration.

<i>Company Listed in Paragraph 9(b) or 11</i>	<i>Name of Subsidiary or Affiliate</i>	<i>Type of Business Ordinarily Carried on by Subsidiary or Affiliate</i>
See attached		

5. If, at any time following the signing of this Profile and Declaration, there are changes to the information given herein regarding conflict of interest, either by way or addition or deletion, I shall forthwith file with the Organization a supplementary disclosure statement describing such change.

Yes: ☒ No: ☐

6. Other than disclosed above, do you have any relationships or interests that could compromise, or be perceived to compromise, your ability to exercise judgment with a view to the best interests of the Organization?

Yes: ☐ No: ☒

Describe:

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(i) that other corporation;

(ii) that other corporation and one or more other corporations, each of which is controlled by that other corporation; or

(iii) two or more other corporations, each of which is controlled by that other corporation; or

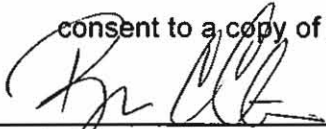
(b) it is a subsidiary or a subsidiary of that other corporation.

³ For the purposes of this Profile and Declaration, one corporation is affiliated with another corporation where one of them is the subsidiary of the other, or both are subsidiaries of the same corporation, or each of them is controlled by the same person.

ATTESTATION AND SIGNATURE

I, (Print Name): Bruce C. Carleton

1. attest to the veracity of the information provided in this Profile and Declaration;
2. acknowledge and agree to adhere to the Charter of Expectations for Directors of Governing Boards; and
3. consent to a copy of this Profile being provided to the Organization.



Signature

01 July 2013
Date

Funding disclosure - Grants/Research Funding

Dr. Bruce Carleton, PharmD

Director, Pharmaceutical Outcomes Programme, BC Children's Hospital

Professor of Pediatrics and Co-Chair, Division of Translational Therapeutics, Faculty of Medicine, University of British Columbia

Senior Clinician Scientist, Child and Family Research Institute

The Pharmaceutical Outcomes Programme has received financial support for this pharmacogenomics research from:

Canada Foundation for Innovation (CFI), Canadian Institutes of Health Research (CIHR), Genome British Columbia; Genome Canada and the Provincial Health Services Authority. POPi is also supported by the University of British Columbia Child & Family Research Institute, Vancouver and Pfizer (unrestricted research funds);

In addition, Dr. Carleton has received financial support for his committee involvement from the Canadian Agency for Drugs and Technologies in Health and the BC Ministry of Health Services.

Conflict of Interest Declaration Data Stewardship Committee BC Ministry of Health

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(Please complete electronically and then print to sign. If you require more room than the space provided, please use a separate piece of paper)

CONTACT INFORMATION

Name (*Please Print – Title/First/Initial/Last*): William E. MacDonald

Telephone: *Wor* s.17 s.22
Cel s.22

Home Address s.22

Email Address: wemacdonald@dogwoodlaw.ca

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A conflict of interest arises where you have an interest which conflicts (or might conflict, or might be perceived to conflict) with the interests of the Organization.

A conflict of interest may take a number of forms. It may be financial or non-financial. It may be direct or indirect. It may be professional or family related.

A conflict of interest may arise from directorships or other employment; interests in business enterprises or professional practices; share ownership; beneficial interests in trusts; existing professional or personal associations with the Organization; professional associations or relationships with other organizations; personal associations with other groups or organizations; or family relationships.

Every director or potential director of the Organization must disclose any duty or interest that might conflict with his or her duty or interest to the Organization.

1. A direct or indirect conflict with my duty as a Director of the Organization may arise because (please indicate if non-applicable):
 - a) I, or my associates¹, hold the following offices (appointed or elected):

None
 - b) I, my associates, or any trustee or any nominee on my behalf, own or possess, directly or indirectly, the following interests (i.e., shares, businesses, or properties):

None
 - c) I, or my associates, have the following interests in existing or proposed transactions with the Organization.

None
2. The nature and extent of the conflicting office duty or interest referred to in sub-paragraphs 9(a) or 9(b) is (please indicate if non-applicable):

N/A
3. A real or perceived conflict of interest with my duty as an appointee to the Organization may arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources (please indicate if non-applicable):

None

¹ "associate" of a person means any person closely connected by blood or otherwise including, but not limited to, a spouse (including common-law spouse), parent, grandparent, brother, sister, child or grandchild.

4. The following is a list of each subsidiary² or affiliate³ of a company listed in paragraph 9(b) or 11 of this Profile and Declaration.

<i>Company Listed in Paragraph 9(b) or 11</i>	<i>Name of Subsidiary or Affiliate</i>	<i>Type of Business Ordinarily Carried on by Subsidiary or Affiliate</i>

5. If, at any time following the signing of this Profile and Declaration, there are changes to the information given herein regarding conflict of interest, either by way or addition or deletion, I shall forthwith file with the Organization a supplementary disclosure statement describing such change.

Yes: X No: ☐

6. Other than disclosed above, do you have any relationships or interests that could compromise, or be perceived to compromise, your ability to exercise judgment with a view to the best interests of the Organization?

Yes: ☐ No: X

Describe:

² For the purposes of this Profile and Declaration, a corporation is a subsidiary of another corporation where:

(a) it is controlled by:

(i) that other corporation;
(ii) that other corporation and one or more other corporations, each of which is controlled by that other corporation; or
(iii) two or more other corporations, each of which is controlled by that other corporation; or

(b) it is a subsidiary or a subsidiary of that other corporation.

³ For the purposes of this Profile and Declaration, one corporation is affiliated with another corporation where one of them is the subsidiary of the other, or both are subsidiaries of the same corporation, or each of them is controlled by the same person.

ATTESTATION AND SIGNATURE

I, William E. MacDonald (Print Name):

1. attest to the veracity of the information provided in this Profile and Declaration;
2. acknowledge and agree to adhere to the Charter of Expectations for Directors of Governing Boards; and
3. consent to a copy of this Profile being provided to the Organization.



Signature

May 17, 2013

Date