

OPTN Board of Directors: Conflict of Interest Disclosure Questionnaire

Instructions

Please answer all questions to the best of your knowledge. If you have nothing to report, answer “no.” Please describe existing as well as potential relationships in your responses. If you are unsure if something would pose a potential conflict, please err on the side of inclusion. Please note that answering “yes” to any of the questions below does not automatically or necessarily preclude you from serving on the Board of Directors for the Organ Procurement and Transplantation Network (“OPTN Board of Directors”). Your responses will assist HRSA in assessing and evaluating actual, potential, or perceived conflicts of interest. In responding to the questions below, you need not disclose (i) any participation in responding to public comment periods, (ii) any participation in responding to queries from the OPTN or the OPTN Contractor (namely, United Network for Organ Sharing or “UNOS”) on behalf of an institution with which you are affiliated, or (iii) any participation in a deliberation/process related to the submission of a vote (often referred to as a “public sentiment”) at OPTN regional meetings on behalf of an institution with which you are affiliated.

Conflict of Interest Policy Statement

It is the policy of HRSA and the OPTN to prohibit actual, potential and appearances of conflicts of interest. A conflict of interest for these purposes arises whenever either the interests of the OPTN, the OPTN Board of Directors and/or the patients served by the OPTN or the oversight responsibility or function of the OPTN over specific matters, comes into direct or indirect conflict (or appears to come into direct or indirect conflict) with a financial, personal, business, professional, positional, programmatic or organizational interest or oversight responsibility of a covered person, including affiliates and family members thereof (a “Covered Person”), or otherwise whenever a Covered Person’s financial, personal, business, professional, positional, programmatic or organizational interest or oversight responsibility could be reasonably perceived as having the potential to affect his or her independent, objective, disinterested or good faith decision-making or judgment in fulfilling his or her duties and/or responsibilities.

Definitions

For purposes of this Questionnaire, the following terms have the following definitions:

- “affiliate” means any entity in which you, either alone or together with one or more other persons, own or have rights to at least 35 percent of (a) the voting power of a corporation, (b) the profits interest of a partnership or limited liability company, or (c) the beneficial interest of a trust or estate.
- “family member” means your brothers and sisters (including half siblings and step-siblings), children, grandchildren, great grandchildren (including step-children, step-grandchildren, and step-great grandchildren), ancestors (parents, grandparents, etc., including step-parents and step-grandparents) and spouse; as well as spouses of any of the foregoing persons, and including siblings, descendants, and ancestors by adoption.

- “HRSA” means the Health Resources and Services Administration of the U.S. Department of Health and Human Services.
- “interest” means any direct or indirect interest or oversight responsibility (whether financial, personal, business, professional, positional, programmatic, organizational or otherwise, and whether such interest or responsibility is compensated or uncompensated).
- “OPTN” means the Organ Procurement and Transplantation Network, including the governing Board of Directors of the OPTN and including all OPTN Members.
- “transaction” means any transaction, agreement, event or any other arrangement, whether oral or in writing and whether pursuant to a contract or otherwise (including, without limitation, any transaction involving federal contracts, grants or cooperative agreements).

Questionnaire

1. Have you, a family member or an affiliate directly or indirectly participated in the OPTN's oversight or consideration of any specific matter which relates to a particular transaction involving an organization affiliated with the OPTN (including, without limitation, matters that may arise from OPTN oversight of OPTN member performance standards, patient safety standards, etc.)?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

2. Have you, a family member or an affiliate at any time during the past ten (10) years participated in any work or effort undertaken under the auspices of a committee of the OPTN or the Scientific Registry of Transplant Recipients?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

3. Do you, a family member or an affiliate have an interest in a transaction in which there is direct or indirect participation of the OPTN?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

4. Do you, a family member or an affiliate have a compensation arrangement or other interest in or affiliation with any entity or individual that: (i) sells goods or services to or for the benefit of, or purchases goods or services from, the OPTN (whether pursuant to a federal contract, grant or cooperative agreement supporting the OPTN or otherwise); or (ii) is an entity or individual with whom the OPTN has negotiated, is negotiating, or is contemplating negotiating any transaction?

An example of an instance to be disclosed here would be where an affiliate company owned or controlled by you is a party to a contract or subcontract arrangement for the sale of certain products to OPTN members represented on the OPTN Board of Directors.

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

5. Do you, a family member or an affiliate derive any income or other revenue from any business, or enterprise in the pharmaceutical industry, the medical device manufacturing industry, or the organ logistics industry?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved (including, without limitation, the amount and character of such income or revenue derived annually):

6. Do you, a family member or an affiliate own or have rights to own any equity or beneficial interest (including, without limitation, any stock, partnership interest, limited liability company interest or beneficial interest in a trust or estate) in any business, or enterprise or in the pharmaceutical industry, the medical device manufacturing industry, or the organ logistics industry?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved (including, without limitation, the amount, character and value of such equity or beneficial interest):

7. Are you, a family member, or an affiliate in a position to use your position with confidential information derived from or assets of the OPTN to your, a family member's or an affiliate's personal advantage?

An example of an instance to be disclosed here would be where you chair an OPTN committee charged with the responsibility of oversight and evaluation of patient safety standards called into question with respect to an institution with which you are affiliated.

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

8. Have you, a family member, or an affiliate acquired any property or other rights in which the OPTN has an interest, or is likely to have an interest based on all facts and circumstances reasonably known to you or reasonably believed to be true by you at the time of acquiring the property?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

9. Are you, a family member, or an affiliate in a position to take advantage of an opportunity related to the activities of the OPTN, excluding instances where the OPTN has expressly made an informed decision that such opportunity will not be pursued on behalf of the OPTN, and further excluding any instance where the advantage merely involves good faith compliance with OPTN policies and standards?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

10. Have you, a family member, or an affiliate engaged in—or are you, a family member, or an affiliate currently affiliated with any institution (including as a member of the institution’s governing board of directors or other governing body) that engages in—advocacy, lobbying (including legislative, regulatory or grassroots lobbying), public pronouncement, public statement and/or fundraising activities related to the OPTN?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

11. Have you, a family member or an affiliate solicited or accepted any gift, entertainment, or other favor involving organ failure, transplantation, or procurement within the past five (5) years where such gift might create the appearance of influence on your independent, objective, disinterested and good faith decision-making and judgement with respect to OPTN matters?

You need not disclose any gift, entertainment, or other favor attributable to an appearance as an invited lecturer, guest professor, etc. (either with or without the payment of an honorarium).

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

12. Are you, a family member or an affiliate a party to any other circumstance or transaction that may, in fact or in appearance, make it difficult or unreasonable for you to exercise independent, objective, disinterested or good faith decision-making and judgement in furthering the best interests of the OPTN and/or the patients served by the OPTN?

Yes ☐

No ☐

If yes, please describe in detail the nature, background and all relevant circumstances involved:

Attestation

The statements provided by me in this Disclosure Questionnaire are accurate and complete to the best of my knowledge, information and belief. I will promptly notify HRSA and the OPTN of any changes in such statements which may occur subsequently.

By: _____

(signature)

Dated: _____

(printed name)