

Please complete all of the information below. Return the completed form to the Houston Methodist and retain a copy for your records.

Name of the Clinical Study:

NEOADJUVANT PHASE II STUDY OF EVEROLIMUS PLUS CISPLATIN IN TRIPLE NEGATIVE BREAST CANCER PATIENTS WITH RESIDUAL DISEASE AFTER STANDARD CHEMOTHERAPY (NECTAR Everolimus plus Cisplatin in Triple Negative Breast Cancer) IND 118479

Study Lead Investigator:

Sponsor: Houston Methodist Cancer Center

Funded by: Novartis

Individual Completing this Form:

Address:

Check one box: Principal Investigator: Sub-investigator: Committee Member:
 Explain: _____

Check one box: Initial: Interim Reporting: End of Study:

Indicate, by checking YES or NO if you, your spouse, or dependent children have any financial interests or arrangements as described below.

- YES
 NO

Financial arrangements whereby the value of the compensation could be influenced by the outcome of the study. This could include, for example, compensation that is higher for a favorable outcome than for an unfavorable outcome, or compensation tied to sales of the product such as a royalty interest:

If yes, please describe: _____

- YES
 NO

Significant payments of other sorts, excluding the costs of conducting the study or other clinical studies. This could include for example, payments made to the individual completing this form or the institution to support activities that have monetary value greater than \$25,000 (i.e., grant to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation or honoraria) during the time of the study and for 1 year following the completion of the study.

If yes, please describe: _____

- YES
 NO

A significant equity interest in the sponsor/funder of the study as defined in 21 CFR 54.2(b). This would include, for example, any ownership interest, stock options, or other financial interest whose value cannot be easily determined through reference to public prices, or an equity interest in a publicly traded company exceeding \$50,000.

If yes, please describe: _____

- YES
 NO

A proprietary or financial interest in the test product such as a patent, trademark, copyright, or licensing agreement.

If yes, please describe: _____

None of the above

In accordance with Title 21 CFR Parts 54.1 to 54.6, I declare that the information provided on this form, to the best of my knowledge and belief, is true, correct and complete. **Furthermore, if my financial interests and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of the study or within one year after the last patient has completed the study, I will notify the sponsor promptly with a revised financial disclosure form.**

Signature:

Date: