Declaration of Interest

A. General Information

Full Name: Robert Reid

Date (MM/DD/YYYY): 2/2/2021

What is the nature of your role at the Science Table: Member

B. Declaration of Interest

Please fill out the following table by indicating whether you or your institution have received compensation, regardless of the amount, in the form of payment or services, from entities in the health care, public health, or other related arenas that could be perceived to influence your participation at the Science Table, or related aspects. Please report all compensation that has been received in the last 3 years prior to your participation at the Science Table.

If you have selected 'Yes' for any of the categories below, please indicate whether the compensation is related to COVID-19 or not, the name of the entity providing the compensation, and an explanation. If you have more than one relationship for each Category, please ensure to include all of them by selecting the '+' sign at the end of each row.

Category	No	Yes, paid to you	Yes, paid to your institution	Related to COVID-19?		Entity	Explanation
				No	Yes		
Grant	☐	☐	☒	☐	☒	Precision Biomonitoring Inc	Laboratory Testing at Trillium Health Partners of new COVID-19 test in development
Grant	☐	☐	☒	☒	☒	Trillium Health Partners Foundation	Philothropic funding for multiple research projects and other research supports
Grant	☐	☐	☒	☒	☐	Canadian Institutes for Health Research	Multiple research projects
Grant	☐	☐	☒	☒	☐	Ontario SPOR Support Unit	Multiple research projects & other research support funding
Grant	☐	☐	☒	☒	☐	Center for Brain Health and Innovation	Funding for informatics-related innovation project
Grant	☐	☐	☒	☒	☐	Associated Medical Services	Research project/program support
Grant	☐	☐	☒	☒	☐	Federal Economic Development Agency	Funding for national Innovation Program
Grant	☐	☐	☒	☒	☐	AGE-WELL NCE	Research project support
Grant	☐	☐	☒	☒	☐	Government of Ontario	Research program support
Grant	☐	☐	☒	☒	☐	Trillium Health Partners	Multiple research projects

Grant	☐	☐	☒	☒	☐	Centre for Addictions and Mental Heatlh	Research Project support
Grant	☐	☐	☒	☒	☐	Hospital for Sick Children	Research Project Support
Consulting	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Board membership	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Employment	☐	☒	☐	☒	☒	Trillium Health Partners	Hospital employee providing scientific advice regarding hospital pandemic response
Payment for lectures including service on speaker bureaus	☐	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Payment for manuscript preparation	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Patents	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Royalties	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Payment for development of educational presentations	☐	☐	☒	☒	☐	Government of Ontario	Funding to provide learning supports for Ontario Health Teams
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Payment for writing or reviewing any reports or publications	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Provision of writing assistance, equipment, software, or administrative support	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Expert testimony	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Stock/stock options	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.
Support for travel/accommodations/ meeting expenses	☒	☐	☐	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.

C. Other Relationships

Are there any other relationships or activities that could be perceived to influence your participation at the Science Table (COVID-19 related or not)? Please select one of the following:

☒ No, there are no other relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.

☐ Yes, there are relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.

If you have selected 'Yes', use the following table to indicate whether the relationship is related to COVID-19 or not, provide the name of the entity (if applicable), and an explanation describing the nature of the relationship. If you have more than one relationship, please ensure to include all of them by selecting the '+' sign at the end of each row.

Category	Related to COVID-19?		Entity	Explanation
	No	Yes		
Relationship	☐	☐	Click or tap here to enter text.	Click or tap here to enter text.

D. Acknowledgement

I certify that the above information contained in this Declaration of Interest is true and correct to the best of my knowledge. If any matter that gives rise to, or may be perceived to give rise to, a conflict of interest during my participation at the Science Table, I will promptly notify the Secretariat of the Science Table, and provide an updated Declaration of Interest.

Full Name: Robert Reid

Date (MM/DD/YYYY): 2/2/2021