

# Declaration of Interest

## External Author Form



### A. General Information

Full Name: Allan Grill

Date (MM/DD/YYYY): 3/25/2021

### 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 collaboration with the Science Table, or related aspects. Please report all compensation that has been received in the last 3 years prior to your collaboration with 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CCO- Ontario Renal Network	Provincial Medical Lead, Primary Care
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The College of Family Physicians of Canada	Physician Advisor, Programs and Practice Support
Payment for lectures including service on speaker bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lung Health Foundation	Speaker stipend - Respiratory Health Forum 2020
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Patents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for development of educational presentations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1) Canadian Medical & Surgical Knowledge Translation Research Group 2) Ontario Lung Association 3) Ontario College of Family Physicians 4) Vital Family Medicine Update 2020 virtual conference	1) Speaker stipend - Kidney 2020 virtual conference 2) Member - 2019 Scientific Planning Committee (Provider Education) 3) Speaker stipend – 2019 Annual Scientific Assembly; 2020 COVID-

							19 Community of Practice webinar; 2021 Family Medicine Summit 4) Speaker stipend
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1) Canadian Agency for Drugs & Technologies in Health 2) Ontario Public Drug Programs	1) Member - Canadian Drug Expert Committee 2) Chair - Committee to Evaluate Drugs
Payment for writing or reviewing any reports or publications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Provision of writing assistance, equipment, software, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Expert testimony	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CMPA	Case reviewer
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Support for travel/accommodations/meeting expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 collaboration with 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1) Markham Stouffville Hospital 2) Markham Family Health Team	1) Chief, Department of Family Medicine 2) Lead Physician

## D. Acknowledgement

I certify that the above information contained in this Declaration of Interest is true and correct to the best of my knowledge.

Full Name: Allan Grill

Date (MM/DD/YYYY): 3/25/2021