

Declaration of Interest

External Author Form



A. General Information

Full Name: Sarah Wilson

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CIHR | I have CIHR funding to look at coverage for routine childhood immunizations among immigrant and refugee children in Ontario |
| Consulting | <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. |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Public Health Ontario | Since 2011, I have been worked at Public Health Ontario as a public health physician/medical epidemiologist |
| Payment for lectures including service on speaker bureaus | <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 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 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. |

| | | | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|----------------------------------|
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <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 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 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. |
| 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 type="checkbox"/> | <input type="checkbox"/> | 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.

Full Name: Sarah Wilson

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