Declaration of Interest

MODELLING CONSENSUS TABLE

COVID-19 ADVISORY FOR ONTARIO
HOSTED BY THE UNIVERSITY OF TORONTO & THE FIELDS
INSTITUTE FOR RESEARCH IN MATHEMATICAL SCIENCES

A. General Information

Full Name: Samantha Akingbola
Date (MM/DD/YYYY): 8/31/2021

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 participation at the Modelling Consensus Table, and its partnership with the Science Table, or related aspects. Please report all compensation that has been received in the last 3 years prior to the Modelling Consensus Table's 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, | Yes, paid to your | Related to COVID-19? | | Entity | Explanation |
|--|-------------|------|----------------------|----------------------|-----|----------------------------------|----------------------------------|
| category | | you | institution | No | Yes | , | |
| Grant | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Consulting | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Board membership | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Employment | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Payment for lectures including service on speaker bureaus | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Payment for manuscript preparation | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Patents | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Royalties | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Payment for development of educational presentations | \boxtimes | | | | | 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 | \boxtimes | | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Payment for writing or reviewing any reports or publications | \boxtimes | | | | | 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 | \boxtimes | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Stock/stock options | \boxtimes | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Support for travel/accommodations/ meeting expenses | \boxtimes | | | 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 Modelling Consensus Table, and its partnership 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 | |
|--------------|----------------------|-----|----------------------------------|----------------------------------|--|
| catego. y | 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 Modelling Consensus Table, and its partnership with the Science Table, I will promptly notify the Secretariat of the Modelling Consensus Table and provide an updated Declaration of Interest.

Full Name: Samantha Akingbola

Date (MM/DD/YYYY): 8/31/2021