

# Declaration of Interest

## External Author Form



### A. General Information

Full Name: Kumar Murty

Date (MM/DD/YYYY): 10/8/2021

### 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 checked="" type="checkbox"/>	CIHR	Mathematics of COVID-19
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CIHR	Mathematics for Public Health and Variants of Concern
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NSERC-EIDM	Mathematics for Public Health
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Connaught Fund-Global Challenge Award	Smart Villages
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NSERC	Discovery grant on arithmetic algebraic geometry
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"/>	University of Toronto	Professor, Department of Mathematics
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fields Institute for Research in Mathematical Sciences	Director
Payment for lectures including service on speaker bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Various universities and research institutes	To give talks on my mathematical research
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Springer/Birkhauser	Book on number theory
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Various universities and research institutes	Visits to give talks on my mathematical research

## 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"/>	Prata Technologies	A start-up on data integrity that I founded in 2007. It is not currently active.
Relationship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Perfect Cloud Inc.	A start-up on identity management that I am co-founder and investor since 2007. I am not involved operationally though I am listed as the CTO.

## 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: Kumar Murty

Date (MM/DD/YYYY): 10/8/2021