

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK
OFFICE OF THE GENERAL COUNSEL

January 22, 2010

By E-Mail

Mr. Brian Downey
Brian_Downey@finance-rep.senate.gov

Dear Mr. Downey:

We are writing in response to Senator Grassley's letter of December 7, 2009 to Laurie Flynn, Executive Director of the TeenScreen National Center for Mental Health Checkups at Columbia University ("the Center"), requesting information on industry funding provided to the Center from January 2006 to the present. We appreciate your agreeing to extend the date for Columbia's response to January 22, 2010.

The December 7 letter defines industry funding as "any transfer of value, including but not limited to grants, donations, and sponsorship for meetings or programs, etc." from "pharmaceutical, medical device companies, foundations established by these companies or the insurance industry." We can affirm that it is the Center's policy not to accept industry funding, and that the Center has not done so during the period covered by Senator Grassley's letter.

The Center is not an incorporated legal entity in its own right; it operates within the Department of Psychiatry of Columbia's College of Physicians and Surgeons. The Center is funded almost entirely by gifts from the Carmel Hill Fund, a private family foundation. The Carmel Hill Fund was not established by and, to our knowledge, is not funded by pharmaceutical or medical device companies, their foundations, or the insurance industry.

The Carmel Hill Fund provides funding for the Center directly to Columbia and indirectly through the Research Foundation for Mental Hygiene ("RFMH"), a private not-for-profit corporation that is also involved in the TeenScreen program.¹ RFMH uses its Carmel Hill funds to pay for certain expenses of TeenScreen.

¹ RFMH's stated mission is to support the research and training objectives of the New York State Department of Mental Hygiene and its component agencies.

We have provided below Columbia's responses to the five numbered questions on pages 2-3 of the December 7 letter. The questions are in italics, followed by our responses:

1) Please describe the policies for accepting industry funding and whether or not TeenScreen allows companies to place restrictions or provide guidance on how funding will be spent.

It is the Center's policy not to accept industry funding.

2) If TeenScreen allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company, and restriction placed on funding.

Not applicable because the Center does not accept industry funding.

3) Please explain what policies, if any that TeenScreen plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.

The Center's policy on acceptance of industry funding is stated on the Center's website as follows:

"The center accepts no funding from the pharmaceutical industry and does not advocate for any specific treatment."

The Center's website also states that the Center is supported by the Carmel Hill Fund and contains information on "National TeenScreen Support," with a pie chart of TeenScreen funding sources. The pie chart shows that 98% of the Center's funding comes from family and suicide prevention foundations, 1% from individuals and 1% from corporate giving.

4) Please explain your policies on disclosure of outside income by your top executives and board members.

As noted above, the Center is not incorporated, and therefore does not have a board or board members. The Executive Director of TeenScreen, Laurie Flynn, directs the activities of the Center. Ms. Flynn is subject to Columbia University's

conflict of interest policies and procedures, under which she submits an annual disclosure form, described below.

With respect to interests in organizations other than Columbia, the disclosure form asks the employee to disclose whether he or she is the sole proprietor, or a director, trustee, officer, general or limited partner, shareholder, managing or limited liability member, consultant or employee of any organization other than the University. For any such relationship, the employee is asked to provide explanatory information, including the nature/activities of the organization, whether the employee receives any compensation in connection with his or her activities and the amount of such compensation, the approximate value of the employee's financial interest in the organization, his or her title and/or role and activities, an estimate of the time spent on activities for the organization, and any other information that may be helpful in understanding the organization.

The disclosure form also asks whether the employee (or any family member, or any family-related entity) has been a party to a transaction or had a business relationship with the University during the past twelve months, or expects to do so within the next twelve months. If the answer is yes, the employee is asked to describe the transaction or relationship, including the nature of the transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship.

The disclosure form also asks whether the employee has used during the past twelve months, or expects to use during the next twelve months, any University facilities, equipment, clerical services, intellectual property, or the services of Columbia students or employees or the University's name to support his or her activities outside of the University. If so, the form asks for an explanation of the nature of the use of the facilities, property, or services, including the individuals involved and any other pertinent information.

The disclosure form asks for various other kinds of information as well, but these questions do not relate to outside activities or income.

During the period in question, Ms. Flynn also submitted annual disclosure forms through the University system for disclosure of research-related financial interests. None of these forms disclosed any outside financial interests.

Leslie McGuire, Deputy Executive Director of the Center, is not a Columbia employee; she is employed and paid by RFMH. Because Ms. McGuire is not a Columbia employee, she is not subject to Columbia's conflict of interest disclosure policies. Ms. McGuire is subject to RFMH's conflict of interest policy. Dr. Mark Olfson, a Columbia faculty member who is named on the Center's website as

policies. Ms. McGuire is subject to RFMH's conflict of interest policy. Dr. Mark Olfson, a Columbia faculty member who is named on the Center's website as Scientific Director, serves solely in an advisory capacity with respect to Center activities and has no role as an executive or in the management of the Center. In this limited role, he devotes about two hours a week to advising a junior researcher who is performing research at the Center.

5) Please provide the disclosures of outside income filed with your organizations by your top executives and board members.

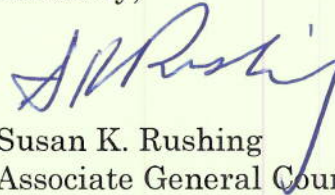
Ms. Flynn's conflict of interest disclosure forms submitted since January 2006 are attached to this letter. Also attached are Ms. Flynn's 2008 and 2009 annual research conflict of interest disclosure forms.

Please note that these disclosures are obtained from Columbia personnel under a qualified assurance of confidentiality. We ask that, to the extent possible, you preserve the confidentiality of the information we have provided with this letter, disclosing it only as necessary to the Committee's objectives.

* * *

Please let us know if you have any questions on this information.

Sincerely,



Susan K. Rushing
Associate General Counsel

Columbia University Office of Internal Audit Surveys**Browse Responses: 2007-08 Annual Conflicts of Interest Disclosure Statement**

View Response: 5083



id 5083

Token ID 1092374328

Date Stamp 2008-05-16 13:44:00

IP Address 156.111.216.116

Your Name: Laurie Flynn

University Position: Director of Administration

Are you the sole proprietor, or a director, trustee, officer, general or limited partner, shareholder, managing or limited liability member, consultant or employee of any organization other than the University?

No [N]

Select your role:

Please list the organization/s in relation to the role chosen in the question directly above.

Organization/s:

Are there additional relationships with outside entities other than the University?

No answer []

Select your role:

Please list the organization/s in relation to the role chosen in the question directly above.

Organization/s:

Are there additional relationships with outside entities other than the University?

No answer []

Select your role:

Please list the organization/s in relation to the role chosen in the question directly above.

Organization/s:

Are there additional relationships with outside entities other than the University?

No answer []

Select your role:

Please list the organization/s in relation to the role chosen in the question directly above.

Organization/s:

Additional Information (please

include the nature/activities of the organization, whether you receive any compensation in connection with your activities and the amount of such compensation, the approximate value of your financial interest in the organization, your title and/or role and activities, an estimate of the time that you spend on your activities for the organization and any other information that may be helpful in understanding the organization):

Has any family member been employed by the University during the past twelve months? No [N]
If yes, please provide the name and position.

Name:

Position (include school and/or department):

Relationship to you and additional information (is the person a student/is he or she currently employed):

Are there additional family members who have been employed by the University during the past twelve months who have not been listed above? No answer []
If yes, please provide the name and position.

Name:

Position (include school and/or department):

Relationship to you and additional information (is the person a student/is he or she currently employed):

Are there additional family members who have been employed by the University during the past twelve months who have not been listed above? No answer []
If yes, please provide the name and position.

Name:

Position (include school and/or department):

Relationship to you and
additional information (is the
person a student/is he or she
currently employed):

Are there additional family members who have been
employed by the University
during the past twelve months
who have not been listed above?

No answer []

If yes, please provide the name
and position.

Name:

Position (include school and/or
department):

Relationship to you and
additional information (is the
person a student/is he or she
currently employed):

Additional Information:

Do you expect any family member to be employed by the
University during the next twelve
months?

No [N]

If yes, please provide the name
and position.

Name:

Position (include school and/or
department):

Relationship to you and
additional information (is the
person a student/is he or she
currently employed):

Are there additional family members who you expect to be
employed by the University
during the next twelve months
who have not been listed above?

No answer []

If yes, please provide the name
and position.

Name:

Position (include school and/or
department):

Relationship to you and
additional information (is the
person a student/is he or she
currently employed):

Are there additional family members who you expect to be
employed by the University
during the next twelve months
who have not been listed above?

No answer []

If yes, please provide the name
and position.

Name:

Position (include school and/or
department):

Relationship to you and
additional information (is the
person a student/is he or she
currently employed):

Are there additional family No answer []
members who you expect to be
employed by the University
during the next twelve months
who have not been listed above?

If yes, please provide the name
and position.

Name:

Position (include school and/or
department):

Relationship to you and
additional information (is the
person a student/is he or she
currently employed):

Additional Information:

Have you, any family member, or No [N]
any family-related entity, been a
party to a transaction or had a
business relationship with the
University during the past twelve
months?

If yes, please provide the name
and position.

Name:

Position:

Description of Transaction or
Relationship (include nature of
transaction or relationship,
school or department involved,
funds involved, other parties
involved including other
University personnel, and any
other information that may be
helpful in understanding the
transaction or relationship):

Are there additional family No answer []
members or any family-related
entities (including you) which
have been a party to a
transaction or had a business
relationship with the University
during the past twelve months?

If yes, please provide the name
and position.

Name:

Position:

Description of Transaction or
Relationship (include nature of
transaction or relationship,
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funds involved, other parties
involved including other
University personnel, and any
other information that may be
helpful in understanding the
transaction or relationship):

Are there additional family members or any family-related entities (including you) which have been a party to a transaction or had a business relationship with the University during the past twelve months?

No answer ☐

If yes, please provide the name
and position.

Name:

Position:

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Relationship (include nature of
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involved including other
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other information that may be
helpful in understanding the
transaction or relationship):

Are there additional family members or any family-related entities (including you) which have been a party to a transaction or had a business relationship with the University during the past twelve months?

No answer ☐

If yes, please provide the name
and position.

Name:

Position:

Description of Transaction or
Relationship (include nature of
transaction or relationship,
school or department involved,
funds involved, other parties

involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Additional Information:

Do you expect that you, any family member, or any family-related entity, will be a party to a transaction or have a business relationship with the University during the next twelve months?

No [N]

If yes, please provide the name and position.

Name:

Position:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which will be a party to a transaction or have a business relationship with the University during the next twelve months?

No answer []

If yes, please provide the name and position.

Name:

Position:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which will be a party to a transaction or have a business relationship with the University during the next

No answer []

twelve months?

If yes, please provide the name
and position.

Name:

Position:

Description of Transaction or
Relationship (include nature of
transaction or relationship,
school or department involved,
funds involved, other parties
involved including other
University personnel, and any
other information that may be
helpful in understanding the
transaction or relationship):

Are there additional family
members, or any family-related
entities (including you) which will
be a party to a transaction or
have a business relationship with
the University during the next
twelve months?

No answer []

If yes, please provide the name
and position.

Name:

Position:

Description of Transaction or
Relationship (include nature of
transaction or relationship,
school or department involved,
funds involved, other parties
involved including other
University personnel, and any
other information that may be
helpful in understanding the
transaction or relationship):

Additional Information:

Have you, any family member, or
any family-related entity
received any personal benefit as
a result of any transaction or
relationship which relates to
your activities for the University
during the past twelve months?

No [N]

Nature of benefit:

Name of person:

Description of Transaction or
Relationship (include nature of
transaction or relationship,
school or department involved,
funds involved, other parties
involved including other

University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which received any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the past twelve months? No answer ☐

Nature of benefit:

Name of person:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which received any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the past twelve months? No answer ☐

Nature of benefit:

Name of person:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which received any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the past twelve months? No answer ☐

Nature of benefit:

Name of person:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Additional Information:

Do you expect that you, any family member, or any family-related entity will receive any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the next twelve months?

No [N]

Nature of benefit:

Name of person:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members or family-related entities (including you) which will receive any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the next twelve months?

No answer []

Nature of benefit:

Name of person:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members or family-related entities (including you) which will receive any personal benefit as

No answer []

a result of any transaction or relationship which relates to your activities for the University during the next twelve months?

Nature of benefit:

Name of person:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members or family-related entities (including you) which will receive any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the next twelve months?

No answer []

Nature of benefit:

Name of person:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Additional Information

Have you during the past twelve months used Columbia facilities, equipment, clerical services, intellectual property, or the services of Columbia students or employees or the University's name to support your activities outside of the University?

No [N]

If yes, please explain the nature of the use of the facilities, property or services, including the individuals involved and any other pertinent information.

Do you expect during the next twelve months to use Columbia facilities, equipment, clerical services, intellectual property, or

No [N]

the services of Columbia students or employees or the University's name to support your activities outside of the University?

If yes, please explain the nature of the use of the facilities, property or services, including the individuals involved and any other pertinent information.

Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by any government (federal, state or local) department or agency? No [N]

If yes, please explain the circumstances.

Within the past three years, have you been convicted of or had a civil judgment rendered against you for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract in connection with a public transaction, violation of federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? No [N]

If yes, please explain the circumstances.

Are you presently indicted for or otherwise criminally or civilly charged by a government (federal, state or local) entity with commission of any of the offenses enumerated above? No [N]

If yes, please explain the circumstances.

Within the past three years, have you had one or more public transactions (federal, state or local) terminated for cause or default? No [N]

If yes, please explain the circumstances.

I certify that I understand my Laurie M. Flynn

obligations under the Policies and that I have accurately and fully completed this disclosure form. I will promptly notify the University's Department of Internal Audit if any changes occur which would cause the answer to any of the above questions or the above certification to be no longer accurate.

Please sign the disclosure statement and confirm the Certification by typing your name below:

Close Window



PHPSurveyor
Version 1.01

 **Donate to**
SURVEYOR

Internal Audit - Conflict of Interest

Browse responses**View response: 2962**

id 2962

Token ID qyrg95832zg9psz

Completed Y

Date started 0001-01-01 12:00:00

Date last action 2009-05-07 14:53:14

Date submitted 2009-05-07 14:53:14

IP address 68.161.224.37

Referring URL

First Name and Last Name: Laurie Flynn

University Position: Director of Administration

Are you the sole proprietor, or a director, trustee, officer, general or limited partner, shareholder, managing or limited liability member, consultant or employee of any organization other than the University?

No [N]

Select your role:

Please list the organization/s in relation to the role chosen in the question directly above.

Organization/s:

Are there additional relationships with outside entities other than the University?

No answer []

Select your role:

Please list the organization/s in relation to the role chosen in the question directly above.

Organization/s:

Are there additional relationships with outside entities other than the University?

No answer []

Select your role:

Please list the organization/s in relation to the role chosen in the question directly above.

Organization/s:

Are there additional relationships with outside entities other than the

No answer []

University?

Select your role:

Please list the organization/s in relation to the role chosen in the question directly above.

Organization/s:

For every question answered yes above, provide the following Additional Information (please include the nature/activities of the organization, whether you receive any compensation in connection with your activities and the amount of such compensation, the approximate value of your financial interest in the organization, your title and/or role and activities, an estimate of the time that you spend on your activities for the organization and any other information that may be helpful in understanding the organization):

Has any family member been employed by the University during the **past** twelve months? No [N]

If yes, please provide the name of the family member.

Name:

University Position of family member (include school and/or department):

Relationship to you and additional information (is the person a student/is he or she currently employed):

Are there additional family members who have been employed by the University during the **past** twelve months? No answer []

If yes, please provide the name of the family member.

Name:

University Position of family member (include school and/or department):

Relationship to you and additional information (is the person a student/is he or she currently employed):

Are there additional family members who have been employed by the University during the **past** twelve months? No answer []

If yes, please provide the name of the family member.

Name:

University Position of family member (include school and/or department):

Relationship to you and additional information (is the person a student/is he or she currently employed):	
Are there additional family members who have been employed by the University during the past twelve months?	No answer []
If yes, please provide the name of the family member.	
Name:	
University Position of family member (include school and/or department):	
Relationship to you and additional information (is the person a student/is he or she currently employed):	
Additional Information	
Do you expect any family member to be employed by the University during the next twelve months?	No [N]
If yes, please provide the name of the family member.	
Name:	
University Position of family member (include school and/or department):	
Relationship to you and any additional information (is the person a student):	
Are there additional family members who you expect to be employed by the University during the next twelve months who have not been listed above?	No answer []
If yes, please provide the name of the family member.	
Name:	
University Position of family member (include school and/or department):	
Relationship to you and any additional information (is the person a student):	
Are there additional family members who you expect to be employed by the University during the next twelve months who have not been listed	No answer []

above?

If yes, please provide the name of the family member.

Name:

University Position of family member (include school and/or department):

Relationship to you and any additional information (is the person a student):

Are there additional family members who you expect to be employed by the University during the **next** twelve months who have not been listed above? No answer []

If yes, please provide the name of the family member.

Name:

University Position of family member (include school and/or department):

Relationship to you and any additional information (is the person a student):

Additional Information:

Have you (or any family member, or any family-related entity) been a party to a transaction or had a business relationship with the University during the **past** twelve months? No [N]

If yes, please provide the name of person or entity.

Name:

Position of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members or any family-related entities (including you) which have been a party to a transaction or had a business relationship with the University during the **past** twelve months? No answer []

If yes, please provide the name of person or entity.

Name:

Position of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members or any family-related entities (including you) which have been a party to a transaction or had a business relationship with the University during the **past** twelve months? No answer []

If yes, please provide the name of person or entity.

Name:

Position of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members or any family-related entities (including you) which have been a party to a transaction or had a business relationship with the University during the **past** twelve months? No answer []

If yes, please provide the name of person or entity.

Name:

Position of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Additional Information:

Do you expect that you, any family member, or any family-related entity, will be a party to a transaction or have a business relationship with the University during the **next** twelve months? No [N]

If yes, please provide the name of person or entity.

Name:

Position of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which will be a party to a transaction or have a business relationship with the University during the **next** twelve months? No answer []

If yes, please provide the name of person or entity.

Name:

Position of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which will be a party to a transaction or have a business relationship with the University during the **next** twelve months? No answer []

If yes, please provide the name of person or entity.

Name:

Position of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which will be a party to a transaction or have a business relationship with the University during the **next** twelve months? No answer []

If yes, please provide the name of

person or entity.

Name:

Position of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Additional Information:

Have you (or any family member, or any family-related entity) received any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the past twelve months? No [N]

Nature of benefit for person or entity:

Name of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which received any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the past twelve months? No answer []

Nature of benefit for person or entity:

Name of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which received any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the past twelve months? No answer []

Nature of benefit for person or entity:

Name of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members, or any family-related entities (including you) which received any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the **past** twelve months? No answer ☐

Nature of benefit for person or entity:

Name of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Additional Information:

Do you expect that you, any family member, or any family-related entity will receive any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the **next** twelve months? No ☐

Nature of benefit for person or entity:

Name of person or entity:

Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):

Are there additional family members or family-related entities (including you) which will receive any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the **next** twelve months? No answer ☐

Nature of benefit for person or entity:

Name of person or entity:	
Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):	
Are there additional family members or family-related entities (including you) which will receive any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the next twelve months?	No answer []
Nature of benefit for person or entity:	
Name of person or entity:	
Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):	
Are there additional family members or family-related entities (including you) which will receive any personal benefit as a result of any transaction or relationship which relates to your activities for the University during the next twelve months?	No answer []
Nature of benefit for person or entity:	
Name of person or entity:	
Description of Transaction or Relationship (include nature of transaction or relationship, school or department involved, funds involved, other parties involved including other University personnel, and any other information that may be helpful in understanding the transaction or relationship):	
Additional Information:	
Have you during the past twelve months used Columbia facilities, equipment, clerical services, intellectual property, or the services of Columbia students or employees or the University's name to support your activities outside of the University?	No [N]
If yes, please explain the nature of the use of the facilities, property, or services, including the individuals involved and any other pertinent information.	

Do you expect during the **next** twelve months to use Columbia facilities, equipment, clerical services, intellectual property, or the services of Columbia students or employees or the University's name to support your activities outside of the University? No [N]

If yes, please explain the nature of the use of the facilities, property or services, including the individuals involved and any other pertinent information.

Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by any government (federal, state or local) department or agency? No [N]

If yes, please explain the circumstances.

Within the past three years, have you been convicted of or had a civil judgment rendered against you for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract in connection with a public transaction, violation of federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? No [N]

If yes, please explain the circumstances.

Are you presently indicted for or otherwise criminally or civilly charged by a government (federal, state or local) entity with commission of any of the offenses enumerated above? No [N]

If yes, please explain the circumstances.

Within the past three years, have you had one or more public transactions (federal, state or local) terminated for cause or default? No [N]

If yes, please explain the circumstances.

Type Name: Laurie M. Flynn

12/14/2009



Internal Audit - Conflict of Interest

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Columbia University
HEALTH SCIENCES DIVISION
ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM

Disclosure for	Laurie Flynn	UNI	If2003
Telephone Number	2125435799	Department	564 - PSYCHIATRY
Date Filed	03/14/2008	Address	3 Columbus Circle, Suite 610, New York, NY 10019 USA

These questions apply to your current activities and any activities anticipated during the next 12 months.

NOTE: All underlined words are explained in the definition section.

1. Do you, or does any member of your Family, or an Associated Entity have or receive a Significant Financial Interest in or from any Business which is supporting Sponsored Research by either a restricted gift or a sponsored project through the office of Grants and Contracts, Columbia innovation Enterprise, or the Office of Clinical Trials in which you are involved?
NO
2. Do you participate in research, including any clinical trial, that is Technology owned or contractually obligated to a Business in which you, any member of your Family, or an Associated Entity has a Significant Financial Interest, other than royalties and/or licensing fees under institutional agreement?
NO
3. Do you hold any Executive Position in any for-profit Business engaged in commercial or research activities of a biomedical nature?
NO
4. Have you participated in or otherwise influenced the selection by the University of a contractor, vendor, or supplier of goods or services in or from which you, any member of your Family or an Associated Entity has had or received a Significant Financial Interest?
NO
5. Have you assigned any student, postdoctoral fellow or other trainee, Officer, support staff or other individual to a project sponsored by a Business in or from which you, any member of your Family, or an Associated Entity has had or received a Significant Financial Interest?
NO
6. Have you participated in or otherwise influenced any University transaction to buy, sell, lease, or license real or intellectual property to or from any Business in or from which you, a member of your Family, or an Associated Entity has had or received a Significant Financial Interest?
NO
7. Have you taken any administrative action within the University which is likely to benefit a Business in which you, any member of your Family or an Associated Entity has a Significant Financial Interest?
NO
8. Do you serve on the Board of Directors or Scientific Advisory Board of any Business?
NO
9. If YES, do you or does any member of your Family or an Associated Entity receive Sponsored Research support from that Business by either a restricted gift or a sponsored project through the Office of Grants and Contracts, Columbia Innovation Enterprise or the Office of Clinical Trials?
NO

If you have answered YES to any of the questions set forth above, you must write an explanation indicating separately for each Business or Activity:

A RASCAL programming fix took effect on October 12, 2009. Users accessing or printing the archived content on this form after submission but prior to the fix would have seen the same questions and answers, but introductory and/or certification language in the original form may have been omitted or incorrectly displayed.

Return

Columbia University
COLLEGE OF PHYSICIANS AND SURGEONS
ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM

Disclosure for	Laurie Flynn	UNI	If2003
Telephone Number	2125435799	Department	564 - PSYCHIATRY
Date Filed	05/27/2009	Address	3 Columbus Circle, Suite 610, New York, NY 10019 USA

These questions apply to your current activities and any activities anticipated during the next 12 months.

NOTE: All underlined words are explained in the definition section.

1. Do you, or does any member of your Family, or an Associated Entity have or receive a Significant Financial Interest in or from any Business which is supporting Sponsored Research by either a restricted gift or a sponsored project through the office of Grants and Contracts, Columbia innovation Enterprise, or the Office of Clinical Trials in which you are involved?
NO
2. Do you participate in research, including any clinical trial, that is Technology owned or contractually obligated to a Business in which you, any member of your Family, or an Associated Entity has a Significant Financial Interest, other than royalties and/or licensing fees under institutional agreement?
NO
3. Do you hold any Executive Position in any for-profit Business engaged in commercial or research activities of a biomedical nature?
NO
4. Have you participated in or otherwise influenced the selection by the University of a contractor, vendor, or supplier of goods or services in or from which you, any member of your Family or an Associated Entity has had or received a Significant Financial Interest?
NO
5. Have you assigned any student, postdoctoral fellow or other trainee, Officer, support staff or other individual to a project sponsored by a Business in or from which you, any member of your Family, or an Associated Entity has had or received a Significant Financial Interest?
NO
6. Have you participated in or otherwise influenced any University transaction to buy, sell, lease, or license real or intellectual property to or from any Business in or from which you, a member of your Family, or an Associated Entity has had or received a Significant Financial Interest?
NO
7. Have you taken any administrative action within the University which is likely to benefit a Business in which you, any member of your Family or an Associated Entity has a Significant Financial Interest?
NO
8. Do you serve on the Board of Directors or Scientific Advisory Board of any Business?
NO
9. Do you, or does any member of your Family, or an Associated Entity have or receive a Significant Financial Interest in or from any Business in any way related to your clinical or teaching responsibilities at Columbia?
[Remuneration requiring disclosure does NOT include reimbursement for travel expenses, if limited to payment for legitimate professional speaking and consulting engagements.]
NO
10. Are you a member of a "Speaker's Bureau" or other list of speakers approved by a sponsoring Business or its agent to give a presentation concerning the products or services of that Business?
NO

If you have answered YES to any of the questions set forth above, you must write an explanation indicating separately for each Business or Activity:

A RASCAL programming fix took effect on October 12, 2009. Users accessing or printing the archived content on this form after submission but prior to the fix would have seen the same questions and answers, but introductory and/or certification language in the original form may have been omitted or incorrectly displayed.

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