



# FINANCIAL DISCLOSURE FORM

PD 35

Protocol No.	MO18264 (PRIMA)	Site No.	<i>This form consists of 2 pages, which, when completed, will be archived as one entity.</i>
Study Title	A multicentre, phase III, open-label, randomized study in patients with advanced follicular lymphoma evaluating the benefit of maintenance therapy with Rituximab (MapThera®) after induction of response with chemotherapy plus Rituximab in comparison with no maintenance therapy		
Ro No.	RO 0452294	Project No.3473	
Investigator			
Investigator No.	Center No.	Country	

**IMPORTANT: consent to the collection and further use of financial data is an integral part and prerequisite of this form.**

### Consent to the Collection, Processing, and potential Transfer of Financial Data

The information you are being asked to provide by completing this form may involve the disclosure of personal data as required by regulatory authorities, e.g. the United States Food and Drug Administration (FDA) (21CFR54). The collection and processing of personal data may be regulated by supranational and/or national laws. Such laws generally impose conditions on the transfer and processing of personal data. Therefore, your **consent** to a potential transfer and processing of your data is **required** when completing this form.

Acknowledgement and consent:

1. I understand that Roche/Genentech (GNE) will be responsible for the processing of my personal data. I further agree that it may be necessary for Roche/GNE to transfer the personal data, if any, contained in this completed Financial Disclosure Form to, e.g., the US FDA, and that Roche/GNE may need to transfer this personal data to its affiliates, employees, agents, contractors and co-development partners, in any country worldwide.
2. I consent to the transfer of my personal data, even though data protection laws in those countries may not exist or be as stringent as in my country.
3. I acknowledge that once this personal information is transferred outside my country, I will cease to have the benefit and the protections afforded to personal data by the applicable supranational and/or national law.
4. I consent to the processing and use of the personal data included in this completed Financial Disclosure Form for the purposes of conducting the clinical trial in accordance with the protocol detailed above, including the use of the data in any clinical trial database or to comply with any regulatory requirements, and disclosure of the personal data to regulatory authorities, e.g. the US FDA.
5. I agree that if I disclose the fact that financial interests are held by members of my family, I will only disclose that a family member holds such interests, and I will not disclose the identity of that family member.

**Acknowledgement and consent is documented with Investigational Site Staff's signature at the end of this form.**

**Please proceed to page 2.**



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Completed by Roche/Genentech (GNE)	
Is this study conducted in association with (a) Co-Development Partner(s) (CDP(s))? If yes, please specify name(s): Biogen IDEC Inc. (formerly Idec Pharmaceuticals Corporation)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Completed by INVESTIGATIONAL SITE STAFF (checkboxes in column 'CDP(s)' to be completed only if CDP(s) involved)			
<b>Do you, your spouse or dependent children (or any combination) have:</b> (NOTE: the first 3 questions must be answered in consideration of financial interest in Roche/GNE and/or any CDP associated with this study, the 4 <sup>th</sup> question is independent of company)	Roche/ GNE		CDP(s)
1. Any ownership or equity interest, stock options or other financial interest in Roche/GNE and/or Biogen IDEC Inc. (formerly Idec Pharmaceuticals Corporation) since commencement of the above-listed study, such as bearer shares, non-voting equity security (NES or Genussscheine), or American Depository Receipts (ADR) that is equal to or exceeds US\$ 50,000 (interbank rate)? If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. A financial agreement with Roche/GNE and/or Biogen IDEC Inc. (formerly Idec Pharmaceuticals Corporation) whereby the value of compensation could be influenced by the outcome of the above-listed study. This includes compensation that could be greater for favorable clinical results, compensation in the form of an equity interest in or compensation tied to sales of the product tested in the above-listed study, such as a royalty interest? If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Payments received from Roche/GNE and/or Biogen IDEC Inc. (formerly Idec Pharmaceuticals Corporation) since commencement of the above-listed study, which in the aggregate exceeds US\$ 25,000 (interbank rate) (for example, 2 payments to you, each for ten thousand dollars, and one payment to your spouse for seven thousand dollars would be in excess of twenty-five thousand dollars). This includes honoraria, retainers for ongoing consultation, payments for speaking engagements or participation in advisory boards on behalf of Roche/GNE and/or Biogen IDEC Inc. (formerly Idec Pharmaceuticals Corporation), compensation in the form of equipment, grants including those to support investigator initiated research, and payments to your institution to support your activities. It does <u>not</u> include payments for conducting the above-listed study or any other Roche/GNE/CDP sponsored clinical study? If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Any proprietary interest in the product(s) tested (excluding comparator products) in the above-listed study such as patents rights or rights under a trademark, copyright or licensing agreement? If yes, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I acknowledge and consent to the collection, processing, and potential further transfer of personal financial data (see page 1) and certify that the information provided above is correct and complete. I understand that I am obligated to amend this statement and notify Roche/GNE, if there is a change in this information <b>up to one (1) year after my site has been closed for this study.</b>			
Signature: _____	Date: _____ (dd-MMM-yyyy)		
Print Name: _____			