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MEMORANDUM

**TO:** William E. Kirwan, Ph.D.  
Chancellor

**FROM:** David J. Ramsay, D.M., D.Phil.  
President, University of Maryland, Baltimore

**DATE:** February 27, 2007

**RE:** Second Quarter Report on Exemptions Granted Pursuant  
To the Public-Private Partnership Act

CHANCELLOR 'S OFFICE

A handwritten signature in black ink, appearing to read "D. Ramsay", written over the "FROM:" line of the memorandum.

There was one (1) exemption granted to UMB personnel between October 1, 2006 and December 31, 2006, pursuant to the Public-Private Partnership Act.

Supporting documentation is enclosed.

EMPLOYEE	INTEREST	ENTITY	DATE OF EXEMPTION
Christopher deFilippi	Paid Speaker	Roche Diagnostics Corporation	December 18, 2006

If any further information is required, please do not hesitate to contact Mr. Joe Giffels in the Office of the Vice President of Academic Affairs at (410) 706-1853.


**PC:** Mr. Joe Giffels  
Dr. Malinda Orlin  
State Ethics Commission



## UNIVERSITY OF MARYLAND

### MEMORANDUM

TO: Christopher de Filippi, M.D.  
Associate Professor  
Division of Cardiology  
Department of Medicine  
School of Medicine

FROM: David J. Ramsay, D.M., D.Phil.  
President 

RE: Conflict of Interest Disclosure #12-06-002

DATE: December 18, 2006

I approve, subject to compliance with the following conditions, your conflict of interest exemption request dated October 31, 2006, involving paid speaking engagements sponsored by, and research of interest to, Roche Diagnostics as described in that exemption request. Your association with Roche Diagnostics will facilitate research and development. I have determined that your relationship with Roche Diagnostics would not be a harmful interest, as described in the USM Board of Regents' Policy on Conflicts of Interest in Research and Development. This exemption permits your association with Roche Diagnostics as described in your exemption request. In the absence of this exemption, your association with Roche Diagnostics would conflict with Maryland law, including, but not limited to, Sections 15-504 and 15-507 of the Maryland Public Ethics Law and University policy.

The conditions of this exemption follow:

- Your business and financial relationship with Roche Diagnostics must be disclosed by you to anyone (including, but not limited to, collaborating faculty, staff, trainees and subjects) participating in your Roche Diagnostics funded research or related research. Your relationship with Roche Diagnostics must also be disclosed when you publish or speak on the Research. While this latter requirement is already standard with most professional journals and scientific meetings, in the interest of mitigating your conflicts, it must also be applied to presentations made on campus.

- As you are a member of the University's Institutional Review Board, you are reminded of the IRB policies on Member, as well as Investigator, conflict of interest. You shall not review or vote, as an IRB member, on any protocols sponsored by Roche Diagnostics while you have a financial interest in Roche.
- You file timely annual reports with the Conflict of Interest Officer.

Note that this exemption may be voided by me in the event of your failure to satisfy all of the foregoing conditions. Procedural questions regarding this exemption should be directed to the UM Conflict of Interest Officer, Mr. Joe Giffels (x6-1853), or to my office.

This exemption permits your association with Roche Diagnostics in a manner that comports with the requirements of the Maryland Public Ethics Law and University policy, provided that the conditions of the exemption are observed. Any significant change in your planned relationship with Roche Diagnostics, as disclosed in your exemption request, must be promptly disclosed to the University (through your Department Chair and Dean), so that the effect of the change in circumstances may be determined. I recommend you disclose and discuss proposed changes prospectively to avoid potential withdrawal of this exemption.

PC: Dr F. Calia  
Mr. J. Giffels  
Mr. J. Hughes  
Dr. M. Orlin  
Dean A. Reece

EXEMPTION REQUEST FORM  
DISCLOSING CONFLICT OF INTEREST  
RELATED TO RESEARCH OR DEVELOPMENT

PART TWO:

DISCLOSURE AND EXEMPTION REQUEST

Print or type all information.

**Section One.** Directory Information. Supply the requested information about yourself, as the employee requesting the exemption, and about the entity with which your relationship is proposed:

A. About You

Name: Christopher deFilippi

University Title: Associate Professor of Medicine

Division/Department or Administrative Unit: Division of  
Cardiology / Department of Medicine

FTE: 1.0 Annual Salary: \$207,000

University Business Address: 63K63, 22 South Greene Street,  
Baltimore, MD 21201

Phone Number: 410-328-7204

Facsimile: 410-328-3530

E-mail Address: cdefilip@medicine.umaryland.edu

B. About Your Immediate Supervisor

Name: Mandeep Mehra, M.D.

University Title: Director, Division of Cardiology, Professor of Medicine

University Business Address: Division of Cardiology / University of  
Maryland / 22 South Greene Street, Baltimore, MD 21201

**Section Two.** Your Conflict of Interest Concerns. Supply information about the potential or actual conflict of interest and your proposal to mitigate it.

A. Description of Conflict of Interest. Describe in your own words the potential or actual conflict of interest which you or others have identified which led you to file this exemption request. Use the space provided, or attach a statement. You may attach supporting documents as helpful.

**This company will provide research support for an investigator initiated research study that is to receive NIH approval. I have spoken other findings related to the blood test (N-terminal proBNP). I have received approximately \$2600 in honorarium from this company in the past 18 months. I anticipate receiving less than \$10,000 in honorarium in the next 12 months. Someone could perceive that I may develop my presentations to favor Roche Diagnostic's image at the expense of providing relevant and complete scientific information in those presentations, in return for current or future honoraria or research funding.**

B. Steps to Mitigate Conflict. Describe in your own words what steps you think UM could take to ensure that the integrity of your UM work is not compromised by your relationship with the entity. Be thorough. Use the space provided, or attach a statement. You may attach supporting documents as helpful.

**I am solely responsible for the content of all presentations on this blood test and research. The presentations are neither approved nor edited by anyone associated with Roche Diagnostics. As far as I am aware, Roche Diagnostics, does nothing to control the audience who can attend the presentations. There is always time for open discussion of medical issues presented during the talk. They are designed by me to be informative and unbiased and avoid discussion of their specific product (i.e. there are multiple vendors of similar diagnostic tests).**

Have you discussed these suggestions with the entity (y/n)?   N  

Is the entity prepared to pay the costs associated with implementing these suggestions (y/n)?   N/A  

**Section Three.** Research and Development Activities. Explain how, in your view, the exemption will advance the research and development

D. Gifts or Grants. If the entity has made gifts or grants to UM or the University of Maryland Foundation (UM Fund) in support of your work at UM, give information about the dates and amounts of the gifts or grants, including whether or not the funds were used for any purpose related to your proposed relationship with the entity.

N/A

**Section Five.** Ownership Information. If you are requesting an exemption permitting you to have an ownership interest in an entity, provide the requested information, and attach a copy of any written proposal or offer covering the ownership interest.

N/A

A. What "units" you will or may own. (E.g., stock, warrants, limited partnership interest, LLC interest.)

B. Ownership.

Individual \_\_\_\_\_ Joint \_\_\_\_\_

If joint, name of co-owner: \_\_\_\_\_

C. Value of your Ownership Interest. Current estimated dollar value \_\_\_\_\_. Percent of total ownership \_\_\_\_\_.

D. Conditions of Ownership. Describe any conditions or encumbrances affecting your ownership interest. (E.g., will you be prohibited from exercising options or selling stock for a certain period of time, or until certain events occur?)

E. Will you purchase the ownership interest? (Y/N) \_\_\_\_\_. If so, what will you pay for it? \_\_\_\_\_ How does that price compare with the market value, if there is a market value?

F. If you are not purchasing the ownership interest, what is the consideration for the ownership interest?

**Section Seven.** Gifts. Describe any gifts for which you are requesting an exemption because of your relationship with the donating entity, or that entity's interest in your work.

If you are seeking permission to accept a gift or honorarium from an entity which has a relationship with you, or an interest in your work, provide the nature and value of the gift. You need to give this information whether you are considering a gift directly to you which you plan to retain, a gift you plan to give to another person or entity (e.g., assigning the gift to the UM Fund), or a gift arranged through you but directed to the UM Fund or other UM affiliates which can hold and administer funds for the benefit of your work.

Give the nature and value of the gift (cash, stock, etc.; market value or face value), and attach a copy of any written offer.

N/A

**Section Eight.**

A. Other Relationships with the Entity. Provide information about any other relationship with the entity which has not been discussed above, but which may require an exemption to be lawful. Include here matters such as employment of a spouse or dependent child by the entity, ownership of an interest in the entity by a spouse, dependent child, or other dependent, or relationships between the entity and other organizations with which you or your spouse or dependent child have ownership or employment relationships. In describing ownership interests, give details, including percentage interest and value. In describing employment, give levels of effort and salary.

N/A

B. Relationship with other organizations. Describe any employment, ownership, or business relationship held by you or a spouse or dependent child in any business which could be affected (positively or negatively) by your relationship, or the results of your work, for the entity discussed in this exemption request.

N/A

B. Supervisor's Statement

I have reviewed this exemption request and I support it, subject to the conditions, if any, set out here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOV 3, 06  
Date

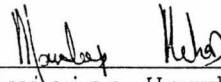
  
~~Supervisor's Signature~~

C. Statement of Division Head or Director

I have reviewed this exemption request and I support it, subject to the conditions, if any, set out here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOV 3, 06  
Date

  
~~Signature of Division Head or Director~~

D. Statement of Chairperson or Assistant/Associate Vice President

I have reviewed this exemption request and I support it, subject to the conditions, if any, set out here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

  
Signature of Chairperson or Assistant/  
Associate Vice President