## **Cholesterol Treatment Trialists' (CTT) Collaboration Independent Oversight Panel: Declaration of Interests**

The purpose of this form is to provide doctors, patients and members of the public with information about any interests that could influence how they receive and understand your role in the CTT Independent Oversight Panel.

Please provide answers to the questions below, then print your name, and sign and date the form.

1.	Have you (either alone, or as part of a group) previously published articles or made any public statements in relation to statin therapy or lipid-lowering?
	Yes No 🗸
	If yes, please provide details:
	N/A
2.	Do you have any financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, your involvement in this Panel?
	Yes No 🗸
	If yes, please provide details:
	N/A
3.	Do you have any relationships to any other entities that could be perceived to have a stake (financial or otherwise) in outcomes from the CTT project?
	Yes No 🗸
	If yes, please provide details:
	N/A

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4.	Do you have any patents, whether planned, pending or issued, broadly relevant to the work of the CTT Collaboration?
	Yes No 🗸
	If yes, please provide details:
	N/A
5.	Is there any other potentially relevant information that you wish to declare in relation to your role in the CTT Independent Oversight Panel?
	Yes No No
	If yes, please provide details:
	As an FDA employee, I am inclined to think what we do is correct.
Print n	ame: Dr Robert Temple
Signatu	ure:
Date:	07-Mar-2018