

Novartis
CERTIFICATION/DISCLOSURE FORM
Financial Disclosure by Clinical Investigators

1. Trial Name: A phase II randomized, double-blind placebo controlled, study of letrozole with or without BYL719 or buparlisib, for the neoadjuvant treatment of postmenopausal women with hormone receptor-positive HER2-negative breast cancer		
2. Protocol number: CBYL719A2201		
3. Investigator <input type="checkbox"/> Sub-investigator <input type="checkbox"/>		
4. Investigator/Sub-investigator Name: (only one name per form)		
5. Address:		
6. Telephone:		7. Fax:
8. Indicate by marking Yes or No if any of the financial interests or arrangements with Novartis of concern to FDA apply to you, your spouse, or dependent children (and describe below):		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Financial Arrangements whereby the value of the compensation could be influenced by the outcome of the study. This could include, for example, compensation that is explicitly greater for a favorable outcome, or compensation to the investigator in the form of an equity interest in the sponsor or in the form of compensation tied to sales of the product such as a royalty interest. If yes, please describe, listing the amount and purpose: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Significant payments of other sorts received during the course of the trial and for one year following completion of the trial, excluding the costs of conducting the trial or other clinical trials. This could include, for example, payments received by the investigator to support activities that have a monetary value greater than \$25,000 (i.e. a grant to the investigator or the institution to fund ongoing research, compensation in the form of equipment, or retainers for ongoing consultation or honoraria). If yes, please describe, listing the amount and purpose: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	A proprietary or financial interest in the test product such as a patent, trademark, copyright, or licensing agreements. If yes, please describe listing the amount and purpose: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	A significant equity interest in the sponsor of the trial during the course of the trial and for one year following completion of the trial. This would include, for example, any ownership interest stock options, or other financial interest whose value cannot be easily determined through reference to public prices, or any equity interest in a publicly traded company exceeding \$50,000. If yes, please describe: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
In accordance with 21 CFR Parts 54.1 to 54.6, I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. Furthermore, if my financial interests and arrangements, or those of my spouse and dependent children, change from the information provided above during the course of the trial or within one year after the last patient at my site has completed the trial as specified in the protocol, I will notify Novartis promptly.		
9. Print Name: Signature:		10. Date: