

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIO

<p>1. Name of the person completing the questionnaire: Dr. Timothy J. Kelly, MD, PhD</p> <p>2. Title: Professor of Pediatrics, University of Michigan School of Medicine</p> <p>3. Department: Department of Pediatrics</p> <p>4. Address: 1600 Hill Street, Ann Arbor, MI 48106</p> <p>5. Telephone: 734-763-1300</p> <p>6. E-mail: kelly@umich.edu</p>	<p>7. Date: 10/10/2014</p> <p>8. Signature: Tim Kelly</p>
<p>9. Name of the organization: University of Michigan School of Medicine</p> <p>10. Address: 1600 Hill Street, Ann Arbor, MI 48106</p> <p>11. Telephone: 734-763-1300</p> <p>12. E-mail: kelly@umich.edu</p>	<p>13. Date: 10/10/2014</p> <p>14. Signature: Tim Kelly</p>
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