

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/18/2025

Your Name: Karen Mulligan

Manuscript Title: How Does Corporate Tax Policy Influence Innovation?

[Click or tap here to enter text.](#)

In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	<div> <div>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.</div> <div> <input type="checkbox"/> None </div> </div>	<div> <div>This work was supported by the Value of Life Sciences Innovation program at the Schaeffer Center for Health Policy and Economics at the University of Southern California</div> <div></div> <div></div> <div>Click the tab key to add additional rows.</div> </div>
Time frame: past 36 months		
2	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div>Royalties or licenses</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div> <div></div> <div></div> <div></div> </div>

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/18/2025

Your Name: Drishti Baid

Manuscript Title: How Does Corporate Tax Policy Influence Innovation?

[Click or tap here to enter text.](#)

In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	<div> <div>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.</div> <div> <input type="checkbox"/> None </div> </div>	<div> <div>This work was supported by the Value of Life Sciences Innovation program at the Schaeffer Center for Health Policy and Economics at the University of Southern California</div> <div></div> <div></div> <div>Click the tab key to add additional rows.</div> </div>
Time frame: past 36 months		
2	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div> <div></div> <div></div> <div></div> </div>
3	<div> <div>Royalties or licenses</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div> <div></div> <div></div> <div></div> </div>

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/18/2025

Your Name: Darius Lakdawalla

Manuscript Title: How Does Corporate Tax Policy Influence Innovation?

[Click or tap here to enter text.](#)

In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>This work was supported by the Value of Life Sciences Innovation program at the Schaeffer Center for Health Policy and Economics at the University of Southern California</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	This work was supported by the Value of Life Sciences Innovation program at the Schaeffer Center for Health Policy and Economics at the University of Southern California					Click the tab key to add additional rows.
This work was supported by the Value of Life Sciences Innovation program at the Schaeffer Center for Health Policy and Economics at the University of Southern California								
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
3	Royalties or licenses	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Amgen</td><td>Personal consulting fees</td></tr> <tr><td>Genentech</td><td>Personal consulting fees</td></tr> <tr><td>Gilead</td><td>Personal consulting fees</td></tr> <tr><td>GRAIL</td><td>Personal consulting fees</td></tr> <tr><td>Mylan</td><td>Personal consulting fees</td></tr> <tr><td>Perrigo</td><td>Personal consulting fees</td></tr> <tr><td>Pfizer</td><td>Personal consulting fees</td></tr> <tr><td>Sorrento Therapeutics</td><td>Personal consulting fees</td></tr> </table>		Amgen	Personal consulting fees	Genentech	Personal consulting fees	Gilead	Personal consulting fees	GRAIL	Personal consulting fees	Mylan	Personal consulting fees	Perrigo	Personal consulting fees	Pfizer	Personal consulting fees	Sorrento Therapeutics	Personal consulting fees
Amgen	Personal consulting fees																		
Genentech	Personal consulting fees																		
Gilead	Personal consulting fees																		
GRAIL	Personal consulting fees																		
Mylan	Personal consulting fees																		
Perrigo	Personal consulting fees																		
Pfizer	Personal consulting fees																		
Sorrento Therapeutics	Personal consulting fees																		
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Partners Healthcare</td><td>2024 NORCH Symposium</td></tr> <tr><td>RAND</td><td>Technical Expert Panel</td></tr> <tr><td>ISPOR</td><td>2024 ISPOR Short Course</td></tr> </table>		Partners Healthcare	2024 NORCH Symposium	RAND	Technical Expert Panel	ISPOR	2024 ISPOR Short Course										
Partners Healthcare	2024 NORCH Symposium																		
RAND	Technical Expert Panel																		
ISPOR	2024 ISPOR Short Course																		
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr><td>Mylan</td><td></td></tr> <tr><td>Sorrento Therapeutics</td><td></td></tr> <tr><td>Perrigo</td><td></td></tr> <tr><td>Gilead</td><td></td></tr> </table>		Mylan		Sorrento Therapeutics		Perrigo		Gilead									
Mylan																			
Sorrento Therapeutics																			
Perrigo																			
Gilead																			
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		Precision Medicine Group	Owns equity and previously served as a consultant
		EntityRisk Inc.	Owns equity and serves as Chief Scientific Officer
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			