

CONFIDENTIAL-SUBJECT TO  
PROTECTIVE ORDER

February 4, 2000



Michael Weinblatt, MD  
Division of Rheumatology/Immunology  
Department of Medicine  
Brigham and Women's Hospital  
75 Francis Street  
Boston, MA 02115

Re: Financial Disclosure for Merck & Co., Inc Sponsored Protocol entitled:  
"A Double-Blind, Randomized, Stratified, Parallel-Group Study to Assess the  
Incidence of PUBs During Chronic Treatment With MK-0966 or Naproxen in Patients  
With Rheumatoid Arthritis (VIGOR)"

Dear Dr. Weinblatt:

On behalf of Merck & Co., Inc I would like to thank you for your involvement as a Drug Safety Monitoring Board member of the VIGOR study. The VIGOR Steering Committee has recommended a termination date of February 10, 2000 and we anticipate "last patient out" will occur in early March. In preparation for the end of study, it is our obligation to collect disclosure information regarding the financial interests and arrangements of collaborators.

As Merck & Co., Inc. is currently planning to submit a marketing application to FDA that includes clinical data from the above mentioned study in which you have participated as a DSMB member, we need to obtain certain financial information and ask that you complete the enclosed form.

Merck & Co., Inc. recognizes the sensitivity of collecting such personal information. All efforts will be taken to ensure that this information is collected, processed and maintained in the strictest of confidence. *At no time will such individual financial information be subject to routine auditing and monitoring by Merck & Co., Inc. employees.*

Kindly return your completed form in the enclosed envelope no later than February 24, 2000.

Please contact me at (732) 594-4519 if you have any questions. Thank you in advance for your cooperation.

Sincerely,

Alise S. Reicin, MD  
Director, Clinical Research

MEW 00012

**Certification/Disclosure Form**

(for Clinical Studies Sponsored by Merck & Co., Inc. with study completion date after February 1, 1999)

*In accordance with the US Code of Federal Regulations (21 CFR Parts 54.1-54.6) clinical investigators are required to provide information regarding financial arrangements with the sponsor of certain clinical trials.*

Please complete all of the information below and retain a copy of this form for your records.

1. VIGOR DSMB Member Name: Michael Weinblatt, MD
2. Institution Name / Address: Division of Rheumatology/Immunology, Department of Medicine, Brigham and Women's Hospital, 75 Francis Sreet, Boston, MA 02115
3. Affiliated Institution(s) (if different than above): \_\_\_\_\_  
**REDACTED**
4. Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_
5. Protocol Title (abbreviated): VIGOR- The Rofecoxib versus Naproxen GI Outcomes Study in Patients With Rheumatoid Arthritis
6. Merck product: Rofecoxib (MK-0966) Protocol #: 088/089
7. Tax ID # (if applicable): \_\_\_\_\_  
Social Security # (if applicable): **REDACTED**
8. Indicate by marking YES or NO in the boxes below of any financial arrangements that apply to you, your spouse and dependent children during the time the study was ongoing and through one year following completion of the trial. Please provide an explanation where appropriate.

<input type="checkbox"/> YES	A proprietary or financial interest in the test product including, but not limited to, a patent, trademark, copyright or licensing agreement. If yes, please describe: _____
<input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> YES	Ownership interest, stock options or other financial interests in Merck whose value cannot be determined through reference to public prices or an equity interest in Merck exceeding \$50,000 US (excludes holdings in mutual funds). If yes, please describe (actual amount indicated in \$US): <u>Stock - 554 Shares - Retirement Plan</u> <u>419 Shares - SPARK</u> <u>973 Shares @ 75/Share = \$ 72,975</u>
<input type="checkbox"/> NO	

9. Do/did either your spouse or any of your dependent children receive/received payments (e.g, consultants fees, honoraria, gifts) from Merck & Co., Inc.?

YES  NO

MEW 00013

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If yes, please provide the names of the spouse or dependent children

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If any of this information changes during the conduct of the trial and for one year following completion, please notify Merck regarding the change(s).

In accordance with the US Code of Federal Regulations (21 CFR Parts 54.1-54.6), I certify that the information provided on this form is 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 within one year of the completion of the trial, I will notify Merck & Co., Inc. of the change.

Additional Comments:

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Signature: Mark Winters Date: 2/7/00

*Although the information may have to be disclosed to the US Food and Drug Administration, to the extent possible, Merck & Co., Inc. agrees to keep this information confidential. If, for any reason, details are requested by any other parties outside of Merck & Co., Inc., you will be notified prior to release.*