

(Form 1)

## Conflicts of Interest Self-Declaration Form

(For office use only)	Receipt number:
Date of receipt:	

Date of disclosure:

From

Calculations period:

To

Name of author:

Seal  
(if applicable)

Name of lead presenter:

Contact details (workplace,  
phone number):

	Amount	Applicability	Name of company or organization, if applicable
Position as committee member, advisor, etc.	More than 1 million yen	(Self) Yes / No	
		(Relatives) Yes / No	
Ownership of equity (such as stock)	Profit of more than 1 million yen or ownership of at least 5% of total shares	(Self) Yes / No	
		(Relatives) Yes / No	
Royalties or licensing fees, etc.	More than 1 million yen	(Self) Yes / No	
		(Relatives) Yes / No	
Lecture fees, manuscript fees, etc.	More than 1 million yen	(Self) Yes / No	
		(Relatives) Yes / No	
Clinical research (clinical trial) involvement	Participation as a representative	(Self) Yes / No	
		(Relatives) Yes / No	
Research funding (entrusted research, collaborative research, donations, etc.)	More than 2 million yen	(Self) Yes / No	
		(Relatives) Yes / No	
Other remuneration	At least 50,000 yen	(Self) Yes / No	
		(Relatives) Yes / No	