**Form for Disclosure of Conflicts of Interest**

**（Toho University Faculty of Medicine and 3 Medical Centers）**

|  |  |  |  |
| --- | --- | --- | --- |
| **Declarant’s Name** |  | **Institution** |  |
| **Position** |  |
| **Title of Project** |  | | |

All potentially significant conflicts of interest should be disclosed within the period of 1 year prior to this declaration.

|  |  |  |
| --- | --- | --- |
| **Area** | **Yes or No** | **If yes, list the name(s) of the commercial entity(ies).** |
| 1. **Employment/Leadership position/Advisory role.** 1,000,000JPY or more (or its equivalent) annually from one commercial entity. | Yes　・ No |  |
| (Family member)\*　　Yes ・ No |  |
| 1. **Stock ownership or options.** Profit of 1,000,000JPY or more (or its equivalent) annually from the stock of one company/ownership. | Yes　・ No |  |
| (Family member)\*　　Yes　・ No |  |
| 1. **Patent royalties/licensing fees.** 1,000,000JPY or more (or its equivalent) per one royalty/licensing fee annually. | Yes　・ No |  |
| (Family member)\*　　Yes　・ No |  |
| 1. **Honoraria (e.g., lecture fees).** 500,000JPY or more (or its equivalent) annually from one commercial entity. | Yes　・ No |  |
| 1. **Manuscript fees.** 500,000JPY or more (or its equivalent) annually from one commercial entity. | Yes　・ No |  |
| 1. **Research funding.** 1,000,000JPY or more (or its equivalent) annual payment to departments (department, field, or laboratory) who share research expenses from the same commercial entity | Yes　・ No |  |
| 1. **Subsidies or Donations.** 1,000,000JPY or more (or its equivalent) annual payment to departments (department, field, or laboratory) who share subsidies or donations from the same commercial entity. | Yes　・ No |  |
| 1. **Endowed departments by commercial entities.** If any of the researchers belongs to an endowed department sponsored by any commercial entity. | Yes　・ No |  |
| 1. **Travel fees, gifts, and others.** 50,000JPY or more (or its equivalent) annually from one commercial entity. | Yes　・ No |  |

　\*”Family members” refer to your spouse and relative in the first degree.

**I hereby declare that the information in this disclosure is true and complete to the best of my knowledge and belief.**

　　　　　　　　　　　　　　　　　　　　　Date of Completion (YYYY/MM/DD）　　　　 .

　　　Signature .