

## COI Declaration for Manuscripts Submitted to the Toho Journal of Medicine

(All answers should pertain to the period one year before the submission date)

**Declarant's Name**

**Affiliation**

**Position**

**Title of Submitted Manuscript**

In the event that the manuscript itself does not describe author Conflict of Interest (COI), please describe, in all sections below, any companies or organizations you deal with or have dealt with, in order to ensure complete disclosure of any COI relevant to the submitted manuscript. In manuscripts with multiple authors, a separate COI Declaration form must be submitted by each author. (All questions below pertain to the period one year before the date of manuscript submission.)

Question Relevant	Corresponding Situation	Details of Companies,
1. Do you work for, or act as an advisor to, a company or for-profit organization (FPO)? (Provide details if you receive 1 million yen/year or more from the company or organization)	(You) Yes / No	
	(Your family member)* Yes / No	
2. Do you own stocks or shares? (Provide details if you receive 1 million yen/year or more in stock-related income from any one company, or if you own 5% or more of any company's stocks or shares)	(You) Yes / No	
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3. Do you receive income from any company or FPO for the use of intellectual property to which you hold the rights? (Provide details if you receive 1 million yen/year or more from such sources)	(You) Yes / No	
	(Your family member)* Yes / No	
4. Do you receive, or have you received, payments for lectures given to any company or FPO, or in compensation for your time spent attending meetings or making presentations for them? (Provide details if you have received a total of 500,000 yen/year or more from any one company or FPO)	(You) Yes / No	

<p>5. Have you received payment(s) for writing, or having your name used, in any pamphlet or publicity material of any company or FPO? (Provide details if you have received a total of 500,000 yen/year or more from any one company or FPO)</p>	<p>(You) Yes / No</p>	
<p>6. Have you received payments or research funds for contract research for, or joint research with, and company or FPO? (Provide details if you have received a total of 1 million yen/year or more from any company or FPO)</p>	<p>(You) Yes / No</p>	
<p>7. Have you received scholarships or other donations from any company or FPO? (Provide details if you have received a total of 1 million yen/year or more from any company or FPO)</p>	<p>(You) Yes / No</p>	
<p>8. Are any of your courses financially supported by donations from any company or FPO? (Provide details of any course with which you are involved that is receiving such funding)</p>	<p>(You) Yes / No</p>	
<p>9. Have you received any gifts, or allowances for travel unrelated to your research, from any company or FPO? (Provide details if you have received a total of 50,000 yen/year in gifts or travel allowances or more from any company or FPO)</p>	<p>(You) Yes / No</p>	

\*“Family members” refers to your spouse and any members of your immediate family.

(This form will be kept on file for two years, after which it will be destroyed. It will not be shown without sufficient reason to anyone but members of the Editorial Committee of the Toho Journal of Medicine.)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_