

(Form 2)

Japanese Society of Public Health Conflict of Interest Self-Disclosure Form

(At the time of Manuscript Submission)

Name of Author: _____

(Please fill out the form for each author and submit them all together.)

Title of Manuscript: _____

(Please provide information regarding any COI status with companies, institutions, or organizations related to the manuscript for the last 36 months from the time of submission. If a new COI situation arises at the time of the revised or re-submitted manuscript, or by the time the manuscript is accepted, please make an additional declaration.)

Items to Disclose	Applicable	If applicable, provide name of author/name of company or organization etc.
① Remuneration Annual payment of 1 million yen or more from a single company, or organization	Yes • No	
② Profit from stocks Annual profit of 1 million yen or more, or ownership is 5% or more of all stocks of the corresponding stock from a single company	Yes • No	
③ Patents Annual patent fee of 1 million yen or more for a single patent	Yes • No	
④ Honoraria (lecture fees) Annual payment of 500,000 yen or more from a single company or organization	Yes • No	
⑤ Manuscript fees Annual payment of 500,000 yen or more from a single company or organization	Yes • No	
⑥ Total research funds Research contract funds allocated for medical and science research (joint research, commissioned research, clinical trials etc.) that can be used by the researcher is 1,000,000 yen or more from 1 company or organization	Yes • No	
⑦ Scholarship (incentive) donations Annual amount allocated for use by the researcher is 1,000,000 yen or more from a single company or organization to the individual or individual's affiliated department or division	Yes • No	
⑧ Endowed department funded by companies etc. Annual amount allocated for use is 1,000,000 yen or more	Yes • No	
⑨ Travel expenses, gifts etc. Annual total of 50,000 yen or more from one single company or organization	Yes • No	

* If you have moved from a company or profit-oriented organization related to your research to a research institution within the past five years, please provide the name of your previous employer. ().

Do any of the above items ① through ③ apply to the spouse of the declarant, first-degree relatives, or persons sharing income or financial benefits?

- ☐ Matters to Declare : Please fill out Form 2 Appendix “Matters to be declared by the spouse of the declarant, first-degree relatives, or persons sharing Income or financial benefits.”
- ☐ No Matters to Declare : If you check this box, it is not necessary to fill out Form 2 Appendix.

(Date of Disclosure) _____ / _____ / _____ (dd/mm/yy)

Name of Author (Signature) _____

(This COI Declaration Form will be kept for 3 years after the publication of the manuscript)

(Form 2 Appendix)

Matters to be declared by the spouse of the declarant, first-degree relatives, or persons sharing income or financial benefits**Appendix of Japanese Society of Public Health Conflict of Interest Self-Disclosure Form**
(To be submitted only if any of the items ① to ③ are answered “Yes”)

Name of Author: _____

Title of Manuscript: _____

Please provide information regarding the declarant's spouse, first-degree relatives, or persons sharing income or financial benefits.

Items to Disclose	Applicable	If applicable, provide name of author/name of company or organization etc.
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③ Patents Annual patent fee of 1 million yen or more for a single patent	Yes • No	

(Date of Disclosure) / / (dd/mm/yy)

Name of Author (Signature) _____

(This COI Declaration Form will be kept for 3 years after the publication of the manuscript)