ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party—that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.
# Section 1: Identifying Information

1. **Given Name (First Name)**
   - Taro

2. **Surname (Last Name)**
   - Yamada

3. **Date**
   - 24-February-2016

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Safety and Efficacy of XX in patients with essential hypertension

6. **Manuscript Identifying Number (if you know it)**
   - Hypertension-2016-11

---

**Corresponding Author’s Name**

- Akira Suzuki
**Section 2の記載例です**

当該論文に関連するCOIがある場合（時期は問わない）は、Yesにチェックしてください。詳細を入力するボックスが表示されます。

支援を提供した企業・団体名を記載ください。

具体的な支援内容を選択してください（必要によりCommentsの欄に詳細を記載ください）

---

### The Work Under Consideration for Publication

Did you or your institution at any time receive payment of charges from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC pharmaceutical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>XXXpharma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

Addをクリックするとボックスが追加されます。
Section 3の記載例です

本論文に関連しないCOがある場合（過去36ヶ月以内）は、Yesにチェックしてください。詳細を入力するボックスが表示されます。

支給を提供した企業・団体名を記載ください。

具体的な支給内容を選択してください（必要に応じ、Commentsの欄に詳細を記載ください）

Addをクリックするとボックスが追加されます。

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
- [ ] Yes  
- [ ] No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA pharmaceutical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>×</td>
</tr>
<tr>
<td>YYY Pharma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>×</td>
</tr>
</tbody>
</table>
Section 4, 5の記載例です

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  □ Yes  √ No

Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):
☐ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

上記のセクションで記載されなかったCOIがある場合には、詳細を記載ください。
本論文に関連した知的財産(特許権、著作権など)がある場合は、記載ください。
すべてのセクションを記載後、こちらのアイコンをクリックすると、自動的にDisclosure statementが作成されます。この記載内容は、論文中の記載と一致している必要があります。