

1頁目では、**Section 1～5**の各項目および用語の定義が説明されています。



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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の記載例です



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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

☒ No

Corresponding Author's Name

Akira Suzuki

5. Manuscript Title

Safety and Efficacy of XX in patients with essential hypertension

6. Manuscript Identifying Number (if you know it)

Hypertension-2016-11

フォームを作成する著者の氏名を記載ください
(通常、このフォームは1人1枚 全著者分を提出する必要があります)。

論文のタイトルを記載ください

論文IDが付与されている場合は記載ください

フォームを作成した日時を記載ください (カレンダーから選べます)。

Corresponding authorの著者はYesを、それ以外の著者はNoを選んでください。

NoにチェックするとCorresponding author名を記載する欄が出ますので、Corresponding authorの氏名を記載ください

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。

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
ABC pharmaceutical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
XXX pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee	X
						ADD

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の記載例です

本論文に関連しないCOIがある場合(過去36ヵ月以内)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。

Section 3. Relevant financial activities outside of 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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AAA pharmaceutical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
YYY pharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

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 4, 5の記載例です

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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.

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。

上記のセクションでカバーされなかったCOIがある場合には、詳細を記載ください。

Section 6の記載例です

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Generate Disclosure Statement

Dr. Yamada reports grants from ABC pharmaceutical, personal fees from XXX pharma, during the conduct of the study; grants from AAA pharmaceutical, grants from YYY pharma, outside the submitted work; .

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。