<Form 1>

The th Annual Meeting of

Japanese Society of Hepato-Biliary-Pancreatic Surgery

**Principle Presenter (Author) Disclosure of Conflicts of Interest**

|  |
| --- |
| (For official use only) Receipt Number: |
| Received on: , 20 |

T**o: President, Japanese Society of Hepato-Biliary-Pancreatic Surgery**

From (Discloser’s Name):

Affiliation (Name of Agency/Office/Clinical Department):

Please fill out the form below if you have anything to disclose with regard to conflicts of interest in your presentation at our annual meeting of this year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Amount** | **Check** | **If Yes, give company name** |
| Leadership Position/Advisory Role | 1,000,000 yen or more | Yes/No |  |
| Stock ownership | Profit of 1,000,000 yen or more / 5% or more of total stocks | Yes/No |  |
| Patent Royalties | 1,000,000 yen or more | Yes/No |  |
| Honoraria (e.g. lecture fees) | 1,000,000 yen or more | Yes/No |  |
| Fees for promotional materials (e.g. manuscript fee) | 1,000,000 yen or more | Yes/No |  |
| Research Funding | 2,000,000 yen or more | Yes/No |  |
| Others | 50,000 yen or more | Yes/No |  |

\*Disclosure is required for the total amount of money (excluding research fund) received from one company per year that exceeds 1,000,000 yen.

Disclosed on: , 20

Discloser’s Signature: