

Disclosure of Conflict of Interest **Columns with * are required.**

1. Are you an employee of a company and/or a profit-making organization? (Except reported affiliated organization) * If yes, please specify the name of company and/or organization and your status.
2. Are you an advisor of a company and/or a profit-making organization, expecting to receive more than 1 million yen for the job between January 1, 2015 to December 31, 2015? * If yes, please specify the name of company and/or organization, status.
3. Do you and/or your family members who share livelihood with you have 10% or more of stock of a company and/or a profit-making organization related to clinical medicine studies? * If yes, please specify the name of company and/or organization for each person. (No necessary to specify name of stockholder, amount of stock or amount of profit).
4. Have you and/or your family members who share livelihood with you earned more than 500,000 yen as a lecture fee from a company and/or a profit-making organization related to clinical medicine studies? * If you and/or your family member earn more than 500,000yen per person, please specify the name of company and/or profit-making organization.
5. Have you and/or your family members who share livelihood with you earned more than 500,000 yen as the manuscript fee from a company and/or a profit-making organization related to clinical medicine studies? * If you and/or your family member earn more than 500,000yen per person, please specify the name of company and/or profit-making organization.
6. Have you and/or your family members who share livelihood with you received more than 1 million yen as research expenses in total from a company and/or a profit-making organization related to clinical medicine studies? (It does not matter whether the research expenses are for presentations at meetings or not. Expenses for basic research are also subject to disclose.) * Please specify name of a company and/or an organization if one person have received more than 1 million yen in total within those 12 months.
7. Have you and/or your family members who share livelihood with you received more than 1 million yen as the contributions in total from a company and/or a profit-making organization related to clinical medicine studies? *Please specify name of a company and/or an organization if one person received more than 1 million yen in total within those 12 months.
8. Have you and/or your family members who share livelihood with you earned more than 1 million yen in total as a fee of comment, judgment and testimony upon trials, etc. from a company and/or a profit-making organization related to clinical medicine studies? * Please specify name of a company and/or an organization if one person

have received more than 1 million yen in total within those 12 months.

9. Are you and/or your family members who share livelihood with you a representative of organization for clinical study which receive research expenses (donation, contraction, others, and expenses for basic research are also subject to disclose) from company? * Please specify name of a company and/or an organization if one person have received more than 50,000 yen in total within those 12 months.
10. Have you and/or your family members who share livelihood with you received gifts equivalent to more than 50,000 yen or any payment from a company and/or a profit-making organization related to clinical medicine studies? * Please specify name of a company and/or an organization if one person have received more than 50,000 yen in total within those 12 months.