

<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

To: **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: