

The Japanese Society of Interventional Radiology
Interventional Radiology
Conflict of Interest Disclosure Form

*Required field

Manuscript Title*:

Name of ALL Authors*:

As described in the ICMJE, in the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

Do you or your co-author have any relevant conflict of Interest? *

No

Yes (Fill in the chart below)

		Details Name of entities with whom you have this relationship, specifications and name of author
Time frame: Since the initial planning of the work (No time limit for this item)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	
3	Royalties or licenses	

This form must be signed and uploaded along with the manuscript

4	Consulting fees	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	
7	Support for attending meetings and/or travel	
8	Patents planned, issued or pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	
13	Other financial or non-financial interests	

I, the corresponding author of this manuscript, certify that the contributors' and conflicts of interest statements included in this paper are correct and have been approved by all co-authors.

Corresponding Author Name (Print)

Signature

Date (MM/DD/YYYY)

This form must be signed and uploaded along with the manuscript