Form1

Declaration of Conflict of Interest (COI) by the Author

(ICMJE Form for Disclosure of Potential Conflicts of Interest is required for all authors

who submit articles to JJNS.)

Date of Declaration (Day/Month/Year):

.....

Name of Author: _____

Signature of Author:

Article Title:

Please describe the state of your conflicts of interest (COI) with a company, organization, or institution

related to the contents of your Article within the past one (1) year retroactively from the date of your paper submission.

	Amount	Applicability	If applicable: Name of company, organization or institution
Official or consultant	1 million yen or more	Yes / No	
Equity (Stock ownership)	Profit of 1 million yen or more; 5% or more of outstanding shares	Yes / No	
Patent royalties	1 million yen or more	Yes / No	
Lecture fees (including daily allowance)	500,000 yen or more	Yes / No	
Manuscript fees	500,000 yen or more	Yes / No	
Research funds from company, organization or institution	1 million yen or more	Yes / No	
Scholarship endowment (Incentive endowment)	1 million yen or more	Yes / No	
Endowed project (Donation's usage method is specified; actual amount is 1 million yen or more)	Organization belonged to	Yes / No	
Other compensation	50,000 yen or more	Yes / No	
Possible state of personal advantage or disadvantage may result		Yes / No	

This document will be retained for two (2) years after the date of your declaration.

Submit to: Japan Academy of Nursing Science E-mail : office@jans.or.jp

_