

**Japanese Society of Neuroendovascular Therapy  
Conflict of Interest Disclosure Statement**

Printed Name	
Institute	
Period (year)	, Jan 1 ~ Dec 31

**A myself (if space is not enough, use Form 2A)**

	amount		If yes, give name of entities
Employment/ Advisory role	¥1,000,000 or more	Yse, No	
Stock ownership	¥1,000,000 or more gain/ hold 5% or more stock	Yse, No	
Patent royalties/ License fee	¥1,000,000 or more	Yse, No	
honoraria	¥1,000,000 or more	Yse, No	
Fees for promotional materials	¥500,000 or more	Yse, No	
Research funding	¥2,000,000 or more	Yse, No	
Research grants from profit entity through non-profit entity	¥10,000,000 or more	Yes, No	
Endowed chair	¥2,000,000 or more	Yes, No	

**B spouse, or other immediate family member**

	amount		if yes, give name of entities
Employment/ Advisory role	¥1,000,000 or more	Yse, No	
Stock ownership	¥1,000,000 or more gain/ hold 5% or more stock	Yse, No	
Patent royalties/ License fee	¥1,000,000 or more	Yse, No	

Date \_\_\_\_\_

Signature \_\_\_\_\_

