

This form is necessary if conflict of interest management for a research project member belonging to another institution is delegated to Osaka University.

NOTE: As a principle, please have this appropriately reviewed at your own institution.

Date: mm dd yy

Authorization in Regard to Conflict of Interest Management in MHLW Science Grant and AMED

To: The Chairperson, Conflict of Interest Management
Osaka University

Please enter the institution's address, the institution's name and the post (President, Executive Director, Director etc.) and name of the representative of the institution which the research project member belongs to.

Address of body affiliated to:

Name of body affiliated to:

Name of Head of body affiliated to:

[seal]

In regard to the conflict of interest management required for MHLW Science Grant and AMED for the researcher below for the academic year ○○, I delegate the receipt and confirmation of the Conflict of Interest Management Self-Report.

Furthermore, in cases where further management is required on the basis of the contents of the Conflict of Interest Management Self-Report, such management shall be undertaken under our organization's responsibility.

Item

Reason for delegation:

Please enter the reason why conflict of interest management is being delegated to Osaka University

Affiliation of researcher:

Title of post of researcher:

Name of researcher:

Please enter the affiliation, post and name of the relevant research project member.

Name of research project:

Name of research theme:

Name of research representative:

Please enter information on the MHLW Science Grant applied for.

END