Date: mm dd yy

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

To: The Chairperson,

Conflict of Interest Committee, Osaka University

Address of body affiliated to:

Name of body affiliated to:

Name of Head of body affiliated to:

In regard to the conflict of interest management required for MHLW Science Grant and AMED for the researcher below for the academic year 〇〇〇〇, 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:

Affiliation of researcher:

Title of the post of researcher:

Name of researcher:

Regarding the regulation of COI management in your institution:

(Circle one of the following. If "3" is applicable, also provide the reason)

1. Regulations regarding COI management are in place.
2. Regulations regarding COI management are not in place but substituted by other organizational rules.
3. Regulations regarding COI management are not in place.

 (Reason for no regulations: )

※For AMED projects, the answer must fall under either "1" or "2".

Name of research project:

Name of research theme:

Name of research representative:

Contact Person

Name/Affiliation:

 Tel/email:

END