**Form 2-2：The Japanese Society of Neurological Therapeutics**

**Self-reported Potential Conflict of Interest Disclosure Statement**

Authors’ name:

Manuscript Title:

(All authors are required to disclose any COI within the period of 12 months prior to the submission of any manuscript in the subject matter of which any company, entity, or organization has an interest.)

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| Area | Yes・ No | If Yes, list the name(s) of author(s) and commercial entity(ies) |
| 1. Employment/Leadership position/Advisory role of commercial companies/organizations  1,000,000 yen or more annually from one  commercial entity | Yes・ No |  |
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This statement will be kept for 2 years after the publication of the manuscript.

**Date of declaration (DD-MMM-YYYY):**

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