

Pre-release Form for Co-authoring a Publication with Persons with Special Relationship

Summary of Research Project (Based on Research Plan)

Title of Research			
Research Period	-		
Principal Investigator	(Name)	(Affiliation)	(Position)
Grant Support	(Funding Agency) <i>※ If the research program does not receive any funding, do not fill out this section.</i>		(Amount of Grant)
Participating Investigators	<ul style="list-style-type: none"> - Investigator A (Name/Affiliation/Position) - Investigator B (Name/Affiliation/Position) - Persons with special relationship (Name/Affiliation/Position) 		

Type of Relationship (Check the box)

Kinship (family and relatives)			Minor (under age of 19)		
Spouse	Offspring	Other	Acquaintance's children	Program Investigator	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify the Contributions by Research Stage (Summarize)

Type	Planning Research (Research design, Conceptualization, etc.)	Conducting Research (Data collection/ Analysis/ Interpretation/ Writing manuscript)	Writing Manuscript (Writing a significant part of the paper/ Making critical revisions)	Confirming the Final Manuscript
Author A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Author B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person with Special Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All authors agree and verify that the person(s) with special relationship above acquired full authorship(s), considering the contributions to the manuscript.

Name of Author	Author A	Author B	Person with Special Relationship
Confirmation Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date: yyyy/ mm/ dd