The 72nd Annual Meeting of Japanese Society of Allergology

ABSTRACT SUBMISSION FORM

* Please fill in all fields in English and in sentence case.
* Do not use specific characters or your own language such as Ä, á. or abbreviation.
* You must read <Sample> as below carefully before submission.

**Presenting Author 1**

|  |  |
| --- | --- |
| Family Name |  |
| First Name |  |
| Middle Name |  |
| Title | [ ]  Prof. [ ]  Dr. [ ]  Mr. [ ]  Ms. [ ]  Other |

|  |  |
| --- | --- |
| Affiliation 1 |  |
| Country |  |

|  |  |
| --- | --- |
| Postal Address |  |
| Home / Office | [ ]  Home 　　 [ ]  Office |
| TEL |  |
| FAX |  |
| E-mail |  |

If there are more than one affiliation, please fill in the followings.

Additional affiliations can be added as needed.

|  |  |
| --- | --- |
| Affiliation 2 |  |
| Affiliation 3 |  |
| Affiliation 4 |  |
| Affiliation 5 |  |

**Author 2**

|  |  |
| --- | --- |
| Family Name |  |
| First Name |  |
| Middle Name |  |
| Country |  |
| Affiliation No. | [ ] 1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 |

**Author 3**

|  |  |
| --- | --- |
| Family Name |  |
| First Name |  |
| Middle Name |  |
| Country |  |
| Affiliation No. | [ ] 1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 |

**Author 4**

|  |  |
| --- | --- |
| Family Name |  |
| First Name |  |
| Middle Name |  |
| Country |  |
| Affiliation No. | [ ] 1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 |

**Author 5**

|  |  |
| --- | --- |
| Family Name |  |
| First Name |  |
| Middle Name |  |
| Country |  |
| Affiliation No. | [ ] 1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 |

Additional co-authors can be added as needed.

**Abstract**

**Topics:** Please select one topic from the following list.

|  |  |
| --- | --- |
| 1 | Allergen sensitization and immunotherapy |
| 2 | Pathophysiology of allergy and allergic disorders |
| 3 | Clinical problems in allergic disorders |
| 4 | Asthma and related diseases |
| 5 | Food allergy |

|  |  |
| --- | --- |
| Main Topic No. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 |
| Abstract TitleWithin 25 words |  |
| Abstract TextWithin 250 words |  |

**Ethics: Please answer the following queries.**

1. Query 1: The research in the submitted abstract falls under the category of clinical research in which blood sampling, examination, photography, intervention, etc. for research purposes are conducted. Or, it falls under the category of research that uses samples and information newly obtained from examinees without invasive or interventional methods. (Required.)

[ ]  Applicable

[ ]  Not applicable

1. Query 2: If any of the above applies to your research, approval from the Ethical Review Committee at each institution is required. Has the research been approved? (Required if you answer “Applicable” in Q1.)

[ ]  Yes

[ ]  No

**COI**

Please submit COI disclosure statement together with this abstract.