

**Journal of Nippon Medical School**  
**The Medical Association of Nippon Medical School**

1-1-5 Sendagi, Bunkyo-ku, Tokyo 113-8602, Japan  
Fax: 81-3-5814-6765 E-mail: editorial-jnms@nms.ac.jp

**Permission Request**

Date: .....

To: Editor-in-Chief, *Journal of Nippon Medical School*

I am writing to obtain permission to use the following material(s):

I am the author of this work

Journal Title: *Journal of Nippon Medical School*

Authors: .....

Article Title: .....

.....

.....

Volume: ..... Issue: ..... Pages: ..... Year: .....

Figures / Tables: .....

Scope of use: .....

.....

.....

.....

Thank you for your prompt consideration of this request. Please inform me of your decision at your earliest convenience.

Sincerely,

Requester's Name: .....

Address: .....

.....

.....

Fax No. .... E-mail: .....

---

PERMISSION GRANTED FOR THE USE OF THE MATERIALS DESCRIBED ABOVE:

Approved By: ..... Date .....

Title: Editor-in-Chief

Journal Title: *Journal of Nippon Medical School*