

# The Cooperative Research Program Application Form

Current Institution \_\_\_\_\_

Laboratory \_\_\_\_\_

Occupation \_\_\_\_\_

Title  Professor /  Dr. /  Mr. /  Ms. \_\_\_\_\_

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

Date of Birth · Sex (dd/mm/yyyy) / /  Male /  Female \_\_\_\_\_

<Institution Address> \_\_\_\_\_

Country / Postal Code Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

(TEL) + - - - \_\_\_\_\_

(FAX) + - - - \_\_\_\_\_

(e-mail) \_\_\_\_\_ @ \_\_\_\_\_

<Home Address> \_\_\_\_\_

Country / Postal Code Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nearest Home Airport Name \_\_\_\_\_ Airport

I would like to apply for the following program;

1) Research Category

Planned Research,  Individual Research,  Continuously Accepted Research

2) The prospective host (corresponding) researcher at PRI : \_\_\_\_\_

3) Research Project(s) title :

\_\_\_\_\_

If you apply under the same name with the one in the previous year, indicate the number of the project: \_\_\_\_\_

4) Current supervisor/project manager : \_\_\_\_\_

Consent from current supervisor/ project manager (necessary)

5) Research Allotment: (Researchers at PRI should not be included)

1	Name of collaborator	(Title) <input type="checkbox"/> Dr. / <input type="checkbox"/> Professor (First) _____ (Family) _____
	Current Institution / Department /Position	(Institution) _____ (Department) _____ (Position) _____
	Role assignment (Fill in shared items for research schedule)	
	Nearest Home Airport	(Airport) _____ (Country) _____
2	Name of collaborator	(Title) <input type="checkbox"/> Dr. / <input type="checkbox"/> Professor (First) _____ (Family) _____
	Current Institution / Department /Position	(Institution) _____ (Department) _____ (Position) _____
	Role assignment (Fill in shared items for research schedule)	
	Nearest Home Airport	(Airport) _____ (Country) _____
3	Name of collaborator	(Title) <input type="checkbox"/> Dr. / <input type="checkbox"/> Professor (First) _____ (Family) _____
	Current Institution / Department /Position	(Institution) _____ (Department) _____ (Position) _____
	Role allotment (Fill in shared items for research schedule)	
	Nearest Home Airport	(Airport) _____ (Country) _____

**Purpose of the research project (provide a detailed description of the research plan for the scheduled research period within 250 words.)**

**The proposed research plan and methods (within 250 to 500 words)**

**(Describe the plan of the research project on consecutive years and single applying year. Especially, if you conduct animal experiment, describe the number of use of animals and the experiment method. If you conduct field research, describe the research field/site, research period and research method.)**

Progress and results of past research (Please elaborate on progress and results of current and previous research. In case you apply under the same name of the previous year, indicate the necessity to apply this program again.)

Comments of the prospective host (corresponding) researcher at PRI (mandatory)

Budget for consumable items			
Items	Quantity	Price	Notes
Total			
Travel Schedule			
Name	Date	Place	Period
(E.g.) Taro Yamada	August 1 – August 15, 2017	Round-trip: Tokyo - Inuyama	14 nights and 15 days (must be within 3 months.)
Estimated cost:		Total	JPY
Note:			

## Screening items regarding the feasibility of research plan

Each committee in PRI screens the feasibility in terms of facility, equipment, materials and permissions. We ask you to answer some questions about confirmation items and application process from next page. If you do not fill the required items, the screening may be delayed or not be done.

If you agree on the item below, check the box.

- I comply with all of the conditions of utilization of materials, animal experimentation, field research and human experimentation set by PRI.

Please check the appropriate box and be sure to fill in the applicable form.

- Use skeletal specimens & preserved samples
  - I. Plan of use, collection and utilization method of materials (Study Material Committee)
  
- Use living primates for experimentation (incl. observation)  
No sampling material from animals.
  - II. Animal experiment (incl. observation) (Animal Experimentation Committee)
  
- Use living primates for experimentation (incl. observation)  
Sampling material from animals.
  - I. Plan of use, collection and utilization method of materials (Study Material Committee)
  - II. Animal experiment (incl. observation) (Animal Experimentation Committee)
  
- Use recombinant DNA or infectious agent.
  - III. Recombinant DNA or infectious agent (Biosafety Committee)
  
- Conduct field research (incl. sample collection)
  - IV. Plan of field research (Field Research Committee)
  
- Conduct human experimentation
  - V. Human experimentation (Human Research Ethics Committee)
  
- None of above terms applicable
  - Not required

Research category		Applicant name		Host researcher	
Research title					

## I . Plan of use, collection and utilization method of materials

(Study Material Committee)

### 【 1 . Plan of use or collection of materials】

<input type="checkbox"/> Use the collection. (Measurement, isotope sample from collection, preserved samples etc.) Describe the type of material, the part of the body, the quantity, the species and the number of the samples, etc.: (e.g. Skeletal specimens, <i>Macaca fuscata</i> , 20 specimens; frozen brain processed with the RNAlater, 1 cm <sup>2</sup> per area, orangutan, each 2 individuals)
<input type="checkbox"/> Sampling from living or sacrificed animals (Blood, sampling from sacrificed animals etc.) Describe the type of material, the part of the body, the quantity, the species and the number of the sample: (e.g. 1 eyeball and tongue of 3 mm <sup>2</sup> , 3 common marmoset)

### 【 2 . Plan of utilization method】

<input type="checkbox"/> Loan the material. Use them outside PRI and return them after use. (IOS is essential.) Location:
<input type="checkbox"/> Transfer the samples outside PRI. (MTA is essential beforehand.) <input type="checkbox"/> I comply the conditions regarding providing materials. Location:
<input type="checkbox"/> Use the samples which were/may be transferred outside PRI such as zoo. (MTA is essential.) Original location (if you know):
<input type="checkbox"/> Planned CT scanning (Application for CT scanning data use is essential.) Location:

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## II. Animal experimentation (incl. observation) (Animal Experimentation Committee)

### 【 1 . Application on Animal Experimentations】

<p>1) Indicate the following items on the research plan of animal experimentation that you submitted to the Animal Experimentation Committee of PRI.</p> <p>Application number: Name of application responsible person :</p>
<p>2) Indicate the following items on the research plan of animal experimentation that you are submitting/submitted to your institute.</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Pending or approved</p> <p>Name of the screening committee and the contact information : Application (approved) number: Name of application responsible person: Date of approval (if pending, not necessary): Research Project title:</p>
<p>3) (If needed) Explain 1) &amp;2).</p>

### 【 2 . Plan of non-invasive hair sampling, feces sampling and observation of the primates in PRI】

<p>1) Indicate the following items on the research plan of animal experimentation (category A) that you submitted to the Animal Experimentation Committee of PRI.</p> <p>Notification No.: Notification responsible person :</p>
<p>2) (If needed) Explain 1).</p> <p>Notification No.: Notification responsible person :</p>

Research category		Applicant name		Host researcher	
Research title					

### III. Recombinant DNA or infectious agent (Biosafety Committee)

#### 【 1 . Application on recombinant DNA experiments】

<p>1) Indicate the following items on the recombinant DNA experiment that you submitted to PRI.</p> <p><input type="checkbox"/> Not applicable (use out of Kyoto University)</p> <p><input type="checkbox"/> Pending (After approval, start your research.)</p> <p><input type="checkbox"/> Approved</p> <p>Approval number:</p> <p>Application responsible person :</p> <p>Date of approval :</p>
<p>2) Indicate the following items on the recombinant DNA experiment that you are submitting/submitted to your institute.</p> <p><input type="checkbox"/> Not applicable (use at Kyoto University)</p> <p><input type="checkbox"/> Pending (After approval, start your research.)</p> <p><input type="checkbox"/> Approved</p> <p>Name of the screening committee and the contact information :</p> <p>Application (approved) number:</p> <p>Name of application responsible person:</p> <p>Date of approval (if pending, not necessary):</p> <p>Research Projects title:</p>

#### 【 2 . Application on handling of disease agent】

<p>1) Indicate the following items on infectious agent used in PRI.</p> <p><input type="checkbox"/> I use infectious agent classified into BSL1 (including virus vector).</p> <p><input type="checkbox"/> I use infectious agent classified into BSL2 (including virus vector). (Application and approval for the used of BSL2 but not BSL1 infectious agent is required.)</p> <p>Name of infectious agent:</p>
<p>1) Indicate the following items on the application for the use of BSL2 infectious agent that you are submitting/submitted to the Biosafety Committee of PRI.</p> <p><input type="checkbox"/> Pending (After approval, start your research.)</p> <p><input type="checkbox"/> Approved</p> <p>Approval number:</p> <p>Application responsible person :</p>



Research category		Applicant name		Host researcher	
Research title					

#### IV. Plan of field research (Field Research Committee)

##### 【 1 .Compliance of the guideline and legal authorization for field research】

1) Compliance of “Guideline for the Study of Wild Primates and Use of Wild-born Primates”

I comply with the guideline.

I may not comply with the guideline.  
Describe the reason below.

2) Sample collection, capture , invasive experiment

I do not conduct sample collection, capture and invasive experiment.

I conduct sample collection, capture and invasive experiment.  
Describe planned obtainment of legal permission for capture (e.g. sampling collection permission, permission for capturing animals, drugs/chemical handling permission).

Research category		Applicant name		Host researcher	
Research title					

## V. Human experimentation (Human Experimentation Ethics Committee)

### 【 1. Application on human experimentation】

<p>1) Indicate the following items on the research plan of human experimentation that you submitted to the Human Research Ethics Committee of PRI.</p> <p><input type="checkbox"/> Pending (After approval, start your research.)  Application (Approval) number :  Application responsible person :</p>
<p>2) Indicate the following items on the research plan of human experimentation that you are submitting/submitted to your institute.</p> <p><input type="checkbox"/> Not required  <input type="checkbox"/> Pending (After approval, start your research.)  Name of the screening committee and the contact information :  Application (Approval) number:  Application responsible person :  Date of approval (if pending, not necessary) :  Research project title:</p>