

The Cooperative Research Program Application Form

Current Institution	_____
Laboratory	_____
Occupation	_____
Title	<input type="checkbox"/> Professor / <input type="checkbox"/> Dr. / <input type="checkbox"/> Mr. / <input type="checkbox"/> Ms.
First Name	_____
Family Name	_____
Date of Birth · Sex	(dd/mm/yyyy) / / <input type="checkbox"/> Male / <input type="checkbox"/> Female
<Institution Address>	_____
Country / Postal Code	Country: _____ Postal Code: _____
(TEL)	+ - - -
(FAX)	+ - - -
(e-mail)	_____@_____
<Home Address (city name only)>	_____
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 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 (Please evaluate the importance of the research and describe the progress of his/her research which is similar to the research he/she is apply for the Cooperative Research Program.)

Budget for consumable items (only for the items which you request to buy from the provided research expense of the Cooperative Research Program.)

Items	Quantity	Price	Notes
Total			

Travel Schedule (only for people who request to pay the travel cost from the provided research expense of the Cooperative Research Program.)

Name	Date	Place	Period
(E.g.) Taro Yamada	August 21 – August 15, 2018	Round-trip: Tokyo - Inuyama	4 nights and 5 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.

See the following procedure and fill out the required items respectively from next page.

1. Check all of the appropriate items on the chart below.
2. Describe your research correctly on the required page of A to G.
3. Submit necessary applications indicated on the required page of A to G.

Check the appropriate items.	Items	Details of the plan
	1. Collect samples from animals.	A, B
	2. Observe living animals.	B
	3. Conduct an experiment using animals.	B
	4. Use the PRI collections (skeletal specimens, frozen tissue sample, frozen feces sample etc.).	A
	5. Use primates at the place outside of PRI.	C
	6. Conduct a recombinant DNA experiment.	D
	7. Handle infectious agent.	E
	8. Conduct a field research.	F
	9. Collect samples from wild animals.	F
	10. Conduct a human experiment.	G

The “animals” of 1, 2 and 3 on the chart above means animals which are bred or housed and don't include wild animals.

Research category		Applicant name		Host researcher	
Research title					

[A] Plan of use, collection and utilization method of materials

[A1. Plan of use or collection of materials]

<input type="checkbox"/> Use the collection. 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 ² per area, orangutan, each 2 individuals)
<input type="checkbox"/> Sampling from living or sacrificed animals 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 ² , 3 common marmoset)

[A2. 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 beforehand.) Original location (if you know):
<input type="checkbox"/> Planned CT scanning (Application for CT scanning data use is essential.) Location:

Research category		Applicant name		Host researcher	
Research title					

[B] Application status of the Research plan of Animal experimentation

[B1. 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 applicable <input type="checkbox"/> Pending or approved</p> <p>Screening committee and the contact information : Approval number: Application responsible person: Date of approval (if pending, not necessary): Research Project title:</p>
<p>3) (If needed) Explain 1) &2).</p>

[B2. 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>

Research category		Applicant name		Host researcher	
Research title					

[C] Application status of the Primates experiment outside of PRI

1) Indicate the following items on the Primates experiment outside of PRI. (If you submitted several applications, indicate for each.)

Pending

Application number:

Application responsible person :

Approved

Approval number:

Application responsible person :

Date of approval :

2) (If needed) Explain 1).

Research category		Applicant name		Host researcher	
Research title					

[D] Application status of Recombinant DNA Experiment

<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</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</p> <p><input type="checkbox"/> Approved</p> <p>Screening committee and the contact information :</p> <p>Approval number:</p> <p>Application responsible person:</p> <p>Date of approval (if pending, not necessary):</p> <p>Research Projects title:</p>

Research category		Applicant name		Host researcher	
Research title					

[E] Application status of infectious agent

<p>1) Indicate the following items on infectious agent used in PRI. (If you submitted several applications, indicate for each.)</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 for the BSL2 is required.)</p> <p>Name of infectious agent:</p>
<p>2) 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</p> <p><input type="checkbox"/> Approved</p> <p>Approval number:</p> <p>Application responsible person :</p>

Research category		Applicant name		Host researcher	
Research title					

[F] Application status of field research

1) Indicate the following items on the application for the field research that you are submitting/submitted to the Field Research Committee of PRI. (If you submitted several applications, indicate for each.)

- Pending Approved
 Application(approval) number :
 Application responsible person :
 Date of approval (if pending, not necessary) :
 Research project title :

2) Indicate the following items on the field research you are submitting/submitted to your institute.

- Not applicable
 Pending Approved
 Screening committee and the contact information :
 Application (approved) number:
 Application responsible person:
 Date of approval (if pending, not necessary):
 Research Projects title:

3) (If needed) Explain 1) &2).

Research category		Applicant name		Host researcher	
Research title					

[G] Application status of 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. (If you submitted several applications, indicate for each.)</p> <p><input type="checkbox"/> Pending or approved 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 applicable <input type="checkbox"/> Pending or approved Screening committee and the contact information : Application (Approval) number: Application responsible person : Date of approval (if pending, not necessary) : Research project title:</p>