

The Cooperative Research Program Application Form (C: Continuously Accepted Research)

Current Institution	_____
Department	_____
Occupation	_____
Title	<input type="checkbox"/> Professor / <input type="checkbox"/> Dr. / <input type="checkbox"/> Mr. / <input type="checkbox"/> Ms.
Given Name	_____
Family Name	_____
Date of Birth	(dd/mm/yyyy) / / _____
<Institutional Address>	_____
Country / Postal Code	Country: _____ Postal Code: _____
(TEL)	+ - - - _____
(FAX)	+ - - - _____
(e-mail)	_____ @ _____

Application Details:

- 1) Research Category
Continuously Accepted Research
- 2) The prospective host (corresponding) researcher at PRI : _____
- 3) Title of Research Project(s) : _____

If you are applying for the same project as in the previous year, indicate the number previously assigned to the project: _____

- 4) Current supervisor/project manager at home institution : _____
 Consent from current supervisor/ project manager (necessary)

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

1	Name of Collaborator	(Title) <input type="checkbox"/> Dr. / <input type="checkbox"/> Professor (Given) _____ (Family) _____
	Current Affiliation	(Institution) _____ (Department) _____ (Position) _____
	Assigned Role	
2	Name of Collaborator	(Title) <input type="checkbox"/> Dr. / <input type="checkbox"/> Professor (Given) _____ (Family) _____
	Current Affiliation	(Institution) _____ (Department) _____ (Position) _____
	Assigned Role	
3	Name of Collaborator	(Title) <input type="checkbox"/> Dr. / <input type="checkbox"/> Professor (Given) _____ (Family) _____
	Current Affiliation	(Institution) _____ (Department) _____ (Position) _____
	Assigned Role	

※If the collaborators are graduate or undergraduate students, the applicant should be their supervisor. Please check the box below for confirmation. Supervisors will be held responsible for any unforeseen accidents involving students through this program.

The supervisor agrees to take all possible precautions to ensure the safety of students involved in the research, as well as make the necessary preparations in case of emergency.

Purpose of the research project (Summarize the purpose of the research with a focus on what will be achieved during the cooperative research period; 250 words max.)

Research plan and methods (500 words max.)

(Describe your research plan for the current year, as well as any consecutive years if this project is a continuation or expected to continue in the future. If conducting animal experimentation, clearly state the number of animals and experimental method(s) used. If conducting field work, describe the field site and research methods used, as well as the planned period and duration of field work.)

Progress and results of past research (Please elaborate on the progress and results of any related ongoing or previous research. If applying for the same project as in the previous year, indicate the necessity to reapply.)

Comments from the prospective host (corresponding) researcher at PRI (Please evaluate the importance of the research and describe the progress of the applicant's research which relates to that being carried out via the Cooperative Research Program.)

Assessing the feasibility of the proposed research

Committees are set up at PRI to assess the feasibility of the research in terms of available facilities, equipment, materials and research permissions. We ask that you answer these questions for confirmation and then proceed to the application procedures on the relevant pages below. Failure to confirm the content of your research may delay or stop screening of your application.

If you agree to the terms below, please check this box.

I will comply with all of the conditions regarding the use of materials, animal experimentation, field research and human experimentation set by PRI.

Check the following list of procedures and, where applicable, fill out the required information on the following pages.

1. Check all of the procedures applicable to your research in the table below.
2. Describe your research accurately on the applicable page(s) pertaining to A through G below.
3. Submit the necessary applications indicated on the applicable pages pertaining to A through G below.

Check where applicable	Procedure	Relevant sections below
	1. Collect biological samples from animals*	A, B1
	2. Observe living animals*	B2
	3. Conduct experiments using animals *	B1
	4. Use the PRI collections (skeletons, frozen tissues, frozen derivatives such as blood, feces, etc.)	A
	5. Use primates at sites/facilities outside of PRI	C
	6. Conduct recombinant DNA experiments	D
	7. Handle infectious agents	E
	8. Conduct field research	F
	9. Collect samples from wild/free-ranging animals	F
	10. Conduct human experiments	G

*The “animals” referred to in 1, 2 and 3 in the table above are those that are bred or housed at PRI. Do not check if proposing to work with wild or free-ranging animals outside of PRI.

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Research title					

[A] Usage, collection and methods of utilization concerning materials at PRI

[A1. Usage or collection of materials]

<input type="checkbox"/> Using collections. Describe the type of material used, the part of the body, the quantity, the species and the number of samples desired, etc.: (e.g. Skeletal specimens, <i>Macaca fuscata</i> , 20 specimens; frozen brain processed with the RNAlater, 1 cm ² per area, orangutan, 2 individuals each; etc.)
<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 samples desired, etc.: (e.g. 1 eye and tongue, 3 mm ² , 3 common marmosets)

[A2. Utilization method]

<input type="checkbox"/> Loaning of material. Usage outside PRI and returning after use. (IOS is essential.) Location of use:
<input type="checkbox"/> Transferring samples outside PRI. (MTA is essential in advance.) <input type="checkbox"/> I comply the conditions regarding providing materials. Location of use:
<input type="checkbox"/> Using samples brought to PRI from another facility, e.g. a zoo. (MTA is required in advance.) Original location (if known):
<input type="checkbox"/> Planned CT scanning (Application for CT scanning data use is essential.) Location:

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[B] Status of Application for Animal experimentation

[B1. Application for Animal Experimentation]

<p>1) Provide the following information regarding your animal experimentation application submitted to the Animal Experimentation Committee of PRI.</p> <p>Application number: Name of principal applicant at PRI (person responsible for research) :</p>
<p>2) Check the applicable box and (if necessary) provide the following information regarding your animal experimentation application submitted (or being submitted) to your home institution.</p> <p><input type="checkbox"/> Not applicable <input type="checkbox"/> Pending <input type="checkbox"/> Approved</p> <p>Screening committee and contact information : Approval or application number: Name of principal applicant at foreign institute: Date of approval (if pending, not necessary): Title of research project:</p>
<p>3) (If necessary) Explain your responses to #1 & #2 above.</p>
<p>4) (If a student is included among the research members) Clarify his/her role in the project along with details about safety management in the Application for Approval of an Animal Experiment Protocol. Please check the box below.</p> <p><input type="checkbox"/> The supervisor must take all possible precautions to ensure the safety of students involved in the research. A supervisor should discuss with the host researcher in advance, and the research should be carried out under a framework of being monitored by a supervisor, host researcher or relevant staff member.</p>

[B2. Plan for Observation of Primates at PRI]

<p>1) Provide the following information regarding your animal experimentation application (category A) submitted to the Animal Experimentation Committee of PRI.</p> <p>Notification No.: Name of principal application at PRI :</p>
<p>2) (If necessary) Explain your responses to #1 above.</p>

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[C] Status of Application for Primate Experiments outside PRI

1) Check the applicable box and (if necessary) provide the following information regarding primate experiments outside PRI. (If you submitted several applications, provide details for each.)

Pending

Application number:

Name of principal applicant :

Approved

Approval number:

Name of principal applicant :

Date of approval :

2) (If necessary) Explain your responses to #1 above.

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[D] Status of Application for Recombinant DNA Experiments

<p>1) Check the applicable box and (if necessary) provide the following information regarding your recombinant DNA experiment application submitted to PRI.</p> <p><input type="checkbox"/> Not applicable (usage outside Kyoto University)</p> <p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> Approved</p> <p>Approval number:</p> <p>Name of principal applicant :</p> <p>Date of approval :</p>
<p>2) Check the applicable box and (if necessary) provide the following information regarding any recombinant DNA experiment applications submitted (or being submitted) to your home institution.</p> <p><input type="checkbox"/> Not applicable (usage at Kyoto University)</p> <p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> Approved</p> <p>Screening committee and contact information :</p> <p>Approval number:</p> <p>Name of principal applicant:</p> <p>Date of approval (if pending, not necessary):</p> <p>Title of research project:</p>

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[E] Status of Application for Use of Infectious Agents

<p>1) Check the applicable box and (if necessary) provide the following information regarding infectious agents used at PRI. (If you submitted several applications, provide details for each.)</p> <p><input type="checkbox"/> I use infectious agents classified as BSL1 (including virus vectors).</p> <p><input type="checkbox"/> I use infectious agents classified as BSL2 (including virus vectors). (Application for BSL2 is required.)</p> <p>Name of infectious agent(s):</p>
<p>2) Check the applicable box and (if necessary) provide the following information regarding the application for usage of BSL2 infectious agents submitted (or being 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>Name of principal applicant :</p>

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Research title					

[F] Status of Application for Field Research

<p>1) Check the applicable box and (if necessary) provide the following information regarding your application submitted (or being submitted) to the Field Research Committee of PRI. (If you submitted several applications, provide details for each.)</p> <p><input type="checkbox"/> Pending <input type="checkbox"/> Approved Application (approval) number : Name of principal applicant : Date of approval (if pending, not necessary) : Title of research project :</p>
<p>2) Check the applicable box and (if necessary) provide the following information regarding any field research applications submitted (or being submitted) to your home institution.</p> <p><input type="checkbox"/> Not applicable <input type="checkbox"/> Pending <input type="checkbox"/> Approved Screening committee and contact information : Application (approved) number: Name of principal applicant: Date of approval (if pending, not necessary): Title of research project:</p>
<p>3) (If necessary) Explain your responses to #1 & #2 above.</p>
<p>4) (If a student is included among the research members) Please check the box below.</p> <p><input type="checkbox"/> The supervisor and each involved student should read the “Safety Management Guidelines for students who are engaging in fieldwork” provided by the Primate Research Institute. Applicable students should take training based on these guidelines prior to fieldwork, have their supervisor or host accompany them during fieldwork, and be sure to apply for travel insurance.</p>

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Research title					

[G] Status of Application for Human Experimentation

<p>1) Check the applicable box and (if necessary) provide the following information regarding your application submitted (or being submitted) to the Human Research Ethics Committee of PRI. (If you submitted several applications, provide details for each.)</p> <p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> Approved</p> <p> Application (Approval) number :</p> <p> Name of principal applicant :</p>
<p>2) Check the applicable box and (if necessary) provide the following information regarding any human experimentation applications submitted (or being submitted) to your home institution.</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> Approved</p> <p> Screening committee and contact information :</p> <p> Application (Approval) number:</p> <p> Name of principal applicant :</p> <p> Date of approval (if pending, not necessary) :</p> <p> Title of research project:</p>