

The Cooperative Research Program Application Form

(A: Planned 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	_____
<Institutional Address>	_____
Country / Postal Code	Country: _____ Postal Code: _____
(TEL)	+ - - - _____
(FAX)	+ - - - _____
(e-mail)	_____ @ _____
Final Degree	_____
Year of Final Degree	_____
<Home Address>	(city name only) _____
Country / Postal Code	Country: _____ Postal Code: _____
Name of Airport Nearest Home	_____ Airport

Application Details:

1) Research Category

Planned Research

- Elucidating the structure and function of neural networks in novel gene-manipulated primate models
- Advancing cellular and molecular research with primate-derived samples
- Holistic Approaches to Cognitive Functions and Body Structures Supporting Communication in the Primate Lineage

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) (students and non-PI researchers only) 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	
	Airport Nearest Home	(Airport) _____ (Country) _____
2	Name of Collaborator	(Title) <input type="checkbox"/> Dr. / <input type="checkbox"/> Professor (Given) _____ (Family) _____
	Current Affiliation	(Institution) _____ (Department) _____ (Position) _____
	Assigned Role	
	Airport Nearest Home	(Airport) _____ (Country) _____
3	Name of Collaborator	(Title) <input type="checkbox"/> Dr. / <input type="checkbox"/> Professor (Given) _____ (Family) _____
	Current Affiliation	(Institution) _____ (Department) _____ (Position) _____
	Assigned Role	
	Airport Nearest Home	(Airport) _____ (Country) _____

※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.)			
Budget for consumable items (include only those items to be purchased using research expenses provided by the Cooperative Research Program.)			
Item(s)	Quantity	Price (JPY)	Notes
Total		JPY	
Travel Schedule (include only those people whose travel costs will be covered by research expenses provided by the Cooperative Research Program.)			
Name	Date	Place	Period
(E.g.) Taro Yamada	August 21 – August 15, 2021	Round-trip: Tokyo - Inuyama	4 nights and 5 days (must be within 3 months.)
Estimated cost:		Total JPY	
Notes:			

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.

Research category	Planned research	Applicant name		Host researcher	
Research title					

[A] Usage, collection and methods of utilization concerning materials at PRI
(Fill out A1 and A2.)

[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)
<input type="checkbox"/> Bringing samples from overseas. Describe the type of material, the part of the body, the quantity, the species and the number of samples desired, and the name of the importer and the permission for import/export etc.: (e.g. 1 eye and tongue, 3 mm ² , 3 common marmosets)

[A2. Utilization method]

<input type="checkbox"/> Using the specimens/samples in PRI. (not outside of PRI).
<input type="checkbox"/> Loaning of material. Usage outside of PRI and returning after use. <input type="checkbox"/> I comply with the conditions regarding loaning of materials. (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 the materials related to the National BioResource Project (NBRP). (Check either box 1 or box 2 as relevant)
<input type="checkbox"/> 1) I will submit the application for use of derivatives of (materials from) <i>Macaca fuscata</i> .
<input type="checkbox"/> 2) I have already registered as a user on the Great Ape Information Network (GAIN).
<input type="checkbox"/> Planned CT scanning (Application for CT scanning data use is essential.) Location:

Research category	Planned research	Applicant name		Host researcher	
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Research title	
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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>

Research category	Planned research	Applicant name		Host researcher	
Research title					

[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.

Research category	Planned research	Applicant name		Host researcher	
Research title					

[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>

Research category	Planned research	Applicant name		Host researcher	
Research title					

[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 Handling 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>

Research category	Planned research	Applicant name		Host researcher	
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</p> <p><input type="checkbox"/> Approved</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>
<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</p> <p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> Approved</p> <p>Screening committee and contact information :</p> <p>Application (approved) number:</p> <p>Name of principal applicant:</p> <p>Date of approval (if pending, not necessary):</p> <p>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>

Research category	Planned research	Applicant name		Host researcher	
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>