Number	
Date Received	

APPLICATION FORM FOR INTERNATIONAL JOINT USAGE/RESEARCH PROGRAM AT MRI TMDU FY2022

1. Title of Project					
2. Project Purpose					
3. Form of Collaboration					
*Choose one from the following forms					
a) Visiting MRI and conduct proposed project using	g our	facilities			
b) Performing proposed project through host invest	tigator	r using bio-resourc	ces deposited in MRI		
c) Performing proposed project through host invest	igator	using database de	eposited in MRI as		
a limited use					
4. Applicant Information					
Name(Last, first, middle)	Natio	onality			
Degree	Posit	tion Title			
Applicant Organization					
Name					
Address					
Mailing Address(Street, city, state, zip code)					
Tel:	FAX:				
E-Mail address:					
Applicant Signature		Date:			

5. Dates of proposed period of support (month, day, year)						
From	n		-	Through		
August 1, 2022]	Ma	rch 31, 2023	
6. Host investigato	r in I	MRI	•			
Signature					Date	
7. Project member	s					
Name		Institution/Depa	ırtment		Position Title	Role
8.Estimated Costs						
*MRI will cover	up to	500,000 JPY maxis				
			Details	s:		
Supplies	JP	Y:				
			Details			
			Details	٠.		
Travel Costs	JP	Y:				
9. Research Plan	(Incl	ude current status	of coop	era	ntion with MRI resea	rchers and compliance with laws
and regulations for recombinant DNA, experimental animals and human rights will be described.)						

10. Expected results and significance of the joint research		
11. Facilities to be used in MRI		