**（Report Form）**

**ボーダレス教育プログラム：Research progress meeting report（1st）**

Your name：　　　　　　　　　　　　　　　　signature (Dept.･year )

Your student ID no.： Your e-mail：

Borderless Main Supervisor：signature (Dept.）

Borderless Sub-supervisor：signature (Dept.）

Borderless Sub-supervisor：signature (Dept.）

Meeting date ：

1. Research Theme

If the research theme is not concrete, the outline can be provided.

2．Goals until the next meeting

・Since the purpose of the meeting is to share the current goal with your supervisors. The change of the research theme could be expected by the next meeting.

 ・Please adjust the timing of next meeting according to the progress of your research. We encourage frequent meetings for active discussion. You do not have to submit the report everytime but at least two meeting reports are required for credit approval.

3. Research achievement（publications, conference presentations）

4. Participation in Basic Academic Conferences (Non-Clinical Fields)

・It is mandatory need to participate in at least one basic academic conference by the end of the 3rd year.

・If you participate in the Oral Disease Society conference, you will be required to submit a report. Details regarding the report will be provided by email at a later date, so please check for updates.

1. Please provide the date and name of the conference you attended.

Ex: Year ○, Month ○, Day ○ - Participated in ○○ Conference

1. Attach a copy of the certificate of participation in the basic academic conference (must include the conference name and date).

→Continue to the next page

[Required]**The confirmation of the necessary procedures to the research**

Submitt date(Year/Month/Day)

Studen No.　　　　 　　　　　　　　　　　　　　　Your Name：

Borderless Main supervisors name

Please report the current situation for 1. to 11. Below.

**【**Compliance with ethical standards**】**

1. I shall comply with the Standard of Conduct Regarding Research Activities at Tokyo Medical and Dental University and any misconduct—including fabrication, falsification, and plagiarism.　 （Yes ・ No）

**【About your research】**

Your name is necessary on the list of people in the experiment plan document submitted to the relevant academic committee to ask for the permission to conduct the experiments listed below.

 For the following items approval has to be obtained from an internal (or external) committee, etc. In addition, when writing a manuscript, it is necessary to state the **name of each review committee** and the **approval number**.

If **you answered "yes"** to the following questions, **please ask your main supervisor about the application status.**

2．Include genetic recombination experiments? （Yes ・ No ・ undecided）

3. Include animal experiments? （ Yes ・ No ・ undecided）

4. Include pathogenic microorganism experiments, etc.? （Yes ・ No ・ undecided）

If you select “Yes”, please ✓ the following that apply.

□In case of Level 2 □In case of Level 3 □In case of toxin

5. Include experiments on specific pathogens etc.? 　（Yes ・ No ・ undecided）

6．Include studies using human ES cells? （Yes ・ No ・ undecided）

7．Include studies using human iPS cells? （Yes ・ No ・ undecided）

8．Include analytic research of human genome genetics? 　　　　（Yes ・ No ・ undecided）

9．Include studies (including epidemiological studies) targeting humans (or human-derived specimens and/or information, including clinical information)?

（Yes ・ No ・ undecided）

10．Include providing a plan for regenerative medicine etc. (1st, 2nd, or 3rd kind)? 　　　（Yes ・ No ・ undecided）

11.　Have you submitted the self-declaration of conflict of interest? (Yes ・ No)