**The confirmation of the necessary procedures to the research**

Submitt date(Year/Month/Day)

Studen No.　　　　 　　　　　　　　　　　　　　　Your Name：

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)