Receipt Number

**Form2 (ver.20220915)**

**Application for change in status of iPS cell stock use**

 Year Month Day

To: Executive Director of CiRA Foundation

|  |
| --- |
| APPLICANT (Principal investigator) |
| Name |  |
| Title / Position |  |
| Dept./Organization |  |

I (We) hereby apply for permission to change the plan as follows;

|  |  |
| --- | --- |
| Receipt number | (Approval Date: YYYY/MM/DD) |
| Project name |  |

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| --- |
| Contents of the change (add more items if necessary) |
| Item（Name of document, Number of item, etc.） | Contents of the change（Parts deleted are double underlined; parts added are single underlined） | Reason for the change |
| 1) |  | 【Before the change】【After the change】 | ※Attachment： |
| 2) |  | 【Before the change】【After the change】 | ※Attachment： |

|  |  |
| --- | --- |
| Please submit this document by e-mail to ips-stock-shinsa@cira-foundation.or.jp  | [Secretariat entry column]委員会審査要否：　要[ ] 　否[ ] 　　共同研究費・提供代：　要[ ] 　否[ ] 　　共同研究費・審査料：　要[ ] 　否[ ] 　　受付日 : 年 月 日 　　　　 　　　　　　受付担当者名 : 　　　　　　臨床株の場合の在庫確認[ ]  |