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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |