**Notification of termination of iPS cell stock use**

 Year Month Day

To: Executive Director of CiRA Foundation

|  |
| --- |
| 1.APPLICANT (Principal investigator) |
| Name |  |
| Title / Position |  |
| Dept./Organization |  |

|  |
| --- |
| 2. I (We) hereby inform you that we are terminating our use of the iPS cell stock. |
| 1. Contact Person
 | Name：　　　　　　　　　　　　　　Department：Tel ：　　　　　　　　　　　　　　　Email： |
| 1. Name of project
 |  |
| 1. Receipt Number
 |  |
| 1. Approval date
 |  　Year Month Day  |
| 1. Period of use
 | From 　 to 　 Year Month Day Year Month Day |
| 1. Was there any problem with the stock during the period of use?
 | □　Yes　／　□　No |
| If your answer is “Yes”, please describe the following. (Additional pages may be added.)* + 1. Content of the problem：
		2. How did you deal with the problem：
 |
| 1. How will you handle the sample when the research is over?
 | In accordance with the rules on cell handling described in the research plan? □　Yes　／　□　No　 |
| If your answer is “No”, please describe the reason. (Additional pages may be added.)Reason： |
| 1. Did you provide samples or genome information to other

institutions\*?\* Includes collaborative research partners  | □　Yes　　／　□　No |
| If your answer is “Yes”, please describe the following. (Additional pages may be added.)Name of the institution(s)：Content of the sample(s) or information：Reason for the provision：How will the recipient institution(s) handle the sample(s) or information when the research is over： |
| 1. Outline of the research results
 |  |

|  |  |
| --- | --- |
| Please send this document via email to ips-stock-shinsa@cira-foundation.or.jp | Secretariat entry column（受付日：　　　年　　月　　日）（受付担当者名 : 　　　　　　） |