receipt number

Form 00 Ver. 20231109

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**iPS Cell Stock New Application Confirmation Request Form**

MM/DD/202X

Dear iPSC Stock Review Committee Office,

Confirmation relating to whether or not an application is required for the use of iPS Cell Stock.

|  |  |  |
| --- | --- | --- |
| Principal Investigator of the research | Organization |  |
| Name |  | Department/Position/Title |  |
| Phone Number |  | E-mail Address |  |
| Contact person | Organization |  |
| Name |  | Department/Position/Title |  |
| Phone Number |  | E-mail Address |  |
| 2nd Contact person(If needed) | Organization |  |
| Name |  | Department/Position/Title |  |
| Phone Number |  | E-mail Address |  |
| Research Subject |  |
| Cell lines you want to use |  |
| Research period | Approved Date ～ MM/DD/202X |
| Research Overview(about 200 words) | ・Target Differentiated Cells・Target Disease・Research and Development aims and schedules |
| Research structure | ・Do you have Collaborative Research Institutions?□Yes □NoIf Yes,➡ Name of the institutions and principal investigator:➡ Role: |
| Attachments etc. |  |

|  |  |
| --- | --- |
| Please submit by Email.Email: ips-stock-shinsa@cira-foundation.or.jp | (Office entry).(Date of confirmation: Month/Year)(Name of person in charge of confirmation : ) 　　　) |