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 □No  If 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 : ) 　　　) |