YY/MM/DD

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Application form for entering to

Advanced Medical Research Center for Animal Model of Human Diseases

Which do you want enter?

□ SPF area □ Conventional area □ Both areas

**◎**Add your name in the animal experiment protocol (Ask your supervisor)

|  |  |
| --- | --- |
| 所属（学部・講座） | Department: |
| 研究責任者 | Supervisor Name:　　　　　　　　 |
| 申請者 | 職名 | Position: Graduate student・other |
| ふりがな氏名 | Printed First Name and Family name Your signature　　　　　　　　　　　　　　　　　　　 　　　 |
| 講習会受講日Date of Seminar (#4) | YY/MM/DD: |
| 動物実験計画書承認番号 | Approval number of animal experiment protocol |
| 職員番号（大学院学籍番号） | ID number |  |
| 連絡先 | 電話番号（内線） Phone #:  |
| E-mail |
| ペット等の飼育（　有 ・ 無　）Do you have any pits in your apartment? (Yes ・No)ペット等の動物種：If yes, which pet do you have? (dog・ cat・ other: ) |

Please observe the following items;

1.Do not lend your ID card to others for enter to animal facility.

|  |  |  |
| --- | --- | --- |
|  | 登　録 | 削　除 |
|  | 月　　日 | 月　　日 |

2. If you no longer need to register, please apply for deletion immediately.

提出先：病態モデル先端医学研究センター 管理室

Submission to office of Advanced Medical Research Center for Animal Model of Human Diseases