YY/MM/DD

/ /

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