

(Form 1)

Receipt No.	
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Atomic Bomb Disease Institute, Nagasaki University  
Shared Use/Collaborative Research  
Application Form

(Month) (Day), 2014

To: The Director, Atomic Bomb Disease Institute, Nagasaki University

Applicant's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Office Address \_\_\_\_\_

Tel: \_\_\_\_\_ ( ) \_\_\_\_\_ /Fax: \_\_\_\_\_ ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

I/we apply as follows:

1. Project name		New Application/ Continued Application (please circle one)	
2. Study subject (Circle one)	(A) Priority study subjects: (1) Social medicine study (including radiation health risk assessment study, the former Soviet Union field study, and reconstruction assistance study for Kawauchi Village, Fukushima) (2) Nuclear radiation life science study (including genome repair and genome informatics) (3) A-bomb survivor and/or <i>hibakusha</i> healthcare study (B) Other study subjects		
3. Implementation term	April 1, 2014 – March 31, 2015		
4. Organization	Name	Organization / Department	Title
Lead researcher			

Researcher(s)			
Researcher(s) at another institute			
5. Objective(s) of project (Approx. 100 words)			
6. Research progress until now (In case of continued application, please describe the research progress of the project. Approx. 200-300 words)			
6. Execution plan and specific content (Approx. 200 words)			
7. Anticipated achievement (Approx. 150 words)			
8. Request to use facilities (Circle the facility number to use)			
(1) Germanium semiconductor detector (2) X-ray generator (3) Cell form/function analyzation equipment (Name of equipment: ) (4) Gene analysis equipment			

- (Name of equipment: \_\_\_\_\_ )
- (5) Whole body counter
  - (6) Atom bomb survivors' specimen
  - (7) Chernobyl (Belarus) thyroid gland specimen
  - (8) Chernobyl (Ukraine) whole body counter
  - (9) Other Chernobyl-related materials (samples) and/or data
  - (10) Belarus bases
  - (11) Kawauchi Village bases
  - (12) Others ( \_\_\_\_\_ )

Radiation operation handlers (Name(s)) : \_\_\_\_\_

Gene recombination experiment conductors (Name(s)) : \_\_\_\_\_

Animal test conductors (Name(s)) : \_\_\_\_\_

Does this study require ethical review? Yes / No (circle one)

9. Research achievements (indicate significant research papers by the applicant(s) in the past three years, including the following information: title, author(s), name of journal, volume, page(s), and year. In case of continued application, please include research papers published within a framework of the project)

10. Expenses needed	Travels	(Unit: ¥1,000)	(Items)
	Consumables	(Unit: ¥1,000)	(Items)
	Total	(Unit: ¥1,000)	(Items)

Approved	
Study No.	