

<Example for Applicant from Overseas>

Kochi Core Center Open Facility System (KOFs)

Application Form for Use

Date of application

10/01/2017

Please complete both pages of the form and submit to KOFs Administration Office by email.

Email: kcc-kyoyo@kochi-u.ac.jp Visit: <http://www.kochi-core.jp/kyoyo/index.html>

Applicant/Representative			
Name	Abc Xyz		
Affiliation and Position	Department of ABC, XXX research center, University of XYZ Research Associate		
Address	123 xxx Avenue, yyyy, zzzzz, 12345 U.S.A.		Zip Code : 12345
Phone Number	+1-00-0000-0000	Fax Number	+1-00-0000-0000
Email	xxxxxxx@*****		
<For a student only> Name of the supervisor: Affiliation if different: Email:		<For a fixed-term researcher only> Name of Grant or Fellowship:	
Team Members			
* If the group has over 3 people, add any rows as needed.		Name	Affiliation and Position
	1	Abc Xyz	University of XYZ/Research Associate
	2		
	3		
Emergency Contact	Name: Abc Xyz Cell Phone Number or Email: 080-0000-0000 only in Japan		
<div style="border: 1px solid black; background-color: yellow; padding: 5px; display: inline-block;"> In case of an emergency, write down contact information during your visit. </div>			
Information about Your Application			
Proposal Title	Analysis of XXX distribution in seawater and marine sediments		
Research Purposes and Analytical Plans;	*Please describe your analytical plans in detail including needs of instrumental facilities in KOFs. In recent years it has been shown that microorganisms belonging to XXX family have an important role in However, the distribution of these microorganisms in the marine environment is poorly understood. In this study, the presence of XXX in several seawater and sediment samples will be analyzed using the DNA sequencer.		
Equipment you want to use	Name of Equipment	Type of Use	Prior Discussion with the person in charge
	DNA sequencer	<input checked="" type="checkbox"/> Use of Equipment <input type="checkbox"/> Technical Consultation	<input type="checkbox"/> Done Name: <input checked="" type="checkbox"/> Not yet <input type="checkbox"/> Done
<div style="border: 1px solid black; background-color: yellow; padding: 5px; display: inline-block;"> It is necessary to submit an application form every academic year, which begins in April and ends in March. </div>			
<div style="border: 1px solid black; background-color: yellow; padding: 5px; display: inline-block;"> Please contact us in advance when you couldn't speculate how long it takes to analyze: kcc-kyoyo@kochi-u.ac.jp </div>			
Desired Period	Priority 1 st	10/25/2017 - 10/26/2017	Total 1 days
	2 nd	11/05/2017 - 11/06/2017	Total 1 days
	3 rd	mm/dd/yy - mm/dd/yy	Total days

Samples	Number of Samples	96
	Number of Measurement Per Sample	1
	Proprietor	Abc Xyz
	Proprietary Rights/License	<input type="checkbox"/> Allowed <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Others _____
	Origin of Samples Specify BSL when Sample is Biological.	<input type="checkbox"/> Human Cell <input type="checkbox"/> Animal Cell <input checked="" type="checkbox"/> Microorganism <input type="checkbox"/> Others _____ Biosafety level (BSL): 1
	List of Samples	*Attach an optional sheet about the DNA sample (dissolved in water/buffer)
	Important Notice for Handling and Storage	Need to be stored at -20°C
Procedure of Safety	<input checked="" type="checkbox"/> Does not apply <input type="checkbox"/> International Controlled Material <input type="checkbox"/> Hermetically Sealed Radioactive Substance <input type="checkbox"/> Poisonous and Deleterious Substances Control Act <input type="checkbox"/> Others _____	
Applicable Legislation ⁽¹⁾	<input checked="" type="checkbox"/> Does not apply <input type="checkbox"/> Accepted / Authorized <input type="checkbox"/> Under process	
About handling of the information		
Regarding the use of KOFS ⁽²⁾	<input checked="" type="checkbox"/> I agree to open the information about this use to the public. <input type="checkbox"/> I don't agree to open the information about this use to the public.	
Requests		
*Supplementary Survey		
We would appreciate it if you could tell us how you knew about KOFS.		
<input checked="" type="checkbox"/> Web Site <input type="checkbox"/> Academic Society :Name _____ <input type="checkbox"/> Colleagues :Name: _____ <input type="checkbox"/> Others _____		

BSL level of Kochi Core Center is P2.

(1) Applicable Legislation: Examples are listed below.

- Animals and Plants, and Processed Food regulated by Washington Convention
- Samples collected from sites of World Heritage, Quasi-national Park, Special Sanctuary and Natural Monument
- The use of genetic resources specified by Convention on Biological Diversity and the guidelines of Nagoya Protocol
- Samples such as soil samples under Article 7 of Plant Protection Act

(2) Please contact us if you need more information : kcc-kyoyo@kochi-u.ac.jp

Notice of Application

- Payment of use charge is the responsibility of the representative.
- Additional documents may be necessary to submit, depending on samples and specific instrument.