Application for registration as an animal experiment researcher

and  
Letter of declaration

Date: (mm/dd/yyyy)

To: Director of Safety Office

Japan Synchrotron Radiation Research Institute

Director of SPring-8 Users Office (print) 1)

I apply here for registration of the person below as an animal experiment researcher at SPring-8,  
 following Chapter 8 of the Animal Experiment Guideline in Synchrotron Radiation Experiment.

|  |  |  |  |
| --- | --- | --- | --- |
| Person to be registered | Name | |  |
| Affiliation | |  |
| Division, Position | | （grade if student; ） |
| User ID number | |  |
| Head of Department 2) | Name (print and signature) | |  |
| Contact information of the person to be registered | Address | | (ZIP code ) |
| Telephone (extension) | |  |
| E-mail | |  |
| Experience in experiments on animals | ( )Yes ( )No（if yes, specify the species and the period: ） | | |
| **Period (till the end of an Japanese fiscal year)** | | **until 31 / March / 20\_ \_** | |
| Place of the experiment | |  | |

1)Leave empty

2) Requires confirmation of the supervisor of the person to be registered (e.g. head of department)

Declaration

1. The person above has received education and medical checks as required in his/her own country to conduct an experiment on animals. The records of the education and checks are kept in our institute and can be provided to the Japan Synchrotron Radiation Research Institute when requested.

2. I permit the person to engage in animal experiments at the Japan Synchrotron Radiation Research Institute.

3. I will report to the Japan Synchrotron Radiation Research Institute if the person is found unfit for animal experiments in medical checks.

Name of the head of the institute (print and signature) 3)

3) Head of the faculty, school or institute who gives permission to this person for the animal experiment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ( )First time ( )Re-registration(if so, the date of previous registration ) | | | | | | | |
| Registered on |  | Safety Office |  | General Administration Div. |  | Received on |  |

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