(Registration/Deregistration) of Genetic Modification Experiment Worker and Implementation Report on Educational Training

Date:

To: The Director of Safety Office, Japan Synchrotron Radiation Research Institute

Person in Charge of the Experiment

Name (print and signature)

I apply for the safety control of a genetic recombination experiment as follows.

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| Receipt number | |  | | | | | | | |
| Genetic Recombination Experiment Worker | Name | | | Affiliation | Title | | ID No. | | Registration |
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| Planned Start Date Planned End Date  to | | | | | | | | | |
| Educational Training | | | | | | | | | |
| Date | | |  | | | Hours | |  | |
| Location | | |  | | | | | | |

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| Confirmation by Safety Office |  | Receipt by Safety Office |  |