(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 |  |