(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

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

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

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