

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

Date: **September 10, 2015**

To: The Director of Safety Office, Japan Synchrotron Radiation Res

Leave it blank if User is the person in charge of experiment.

Manager

Name (print and signature)

Person in Charge of the Experiment

Name (print and signature) **Hanako Koukido**

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

Receipt number	04-01				
Genetic Recombination Experiment Worker	Name	Affiliation	Title	ID No.	Registration
	Saburo Shikakuta	JASRI AAA Group	Staff	0001***	<input checked="" type="checkbox"/> Newly Reg. <input type="checkbox"/> Deletion
	Taro Koukido	BB University, Dep. of Science, CC Laboratory	Student	0003***	<input checked="" type="checkbox"/> Newly Reg. <input type="checkbox"/> Deletion
	Jiro Marumaru	JASRI AAA Group	Visiting Researcher	0002***	<input type="checkbox"/> Newly Reg. <input checked="" type="checkbox"/> Deletion
	Shiro Maruyama	BB University, Dep. of Science, CC Laboratory	Assistant	0001***	<input type="checkbox"/> Newly Reg. <input checked="" type="checkbox"/> Deletion
					<input type="checkbox"/> Newly Reg. <input type="checkbox"/> Deletion
					<input type="checkbox"/> Newly Reg. <input type="checkbox"/> Deletion
Planned Start Date October 1, 2014		to	Planned End Date March 31, 2015		
Educational Training					
Date	September 20, 2014		Hours	1 hour	
Location	BB University, Dep. of Science, CC Laboratory				

Do not fail to describe the members who are no longer engaged in the experiment.

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