End of the Engagement in Genetic Modification Experiment

Submission Date:

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

Name of the organization

Name of Division Head,

I hereby inform that the following member has completed his/her engagement in genetic modification experiment.

|  |  |  |
| --- | --- | --- |
| Genetic Recombination Experiment Worker | Name |  |
| Title |  |
| ID No. |  |
| Contact Information | Extension / PHS |  |
| E-mail |  |
| Period of Experiment |  Actual Start Date Actual End Date To  |

For Safety Office Only

|  |  |  |  |
| --- | --- | --- | --- |
| Deregistration by Safety Office |  | Receipt by Safety Office |  |