

#### For NanoLSI Use Only

Application Number:

Application Receipt Date: MM/DD/2018

# 2018 Academic Year Bio-SPMs Collaborative Research, Application and Collaborative Researcher Approval Form

The applicant must prepare the items below and submit them to the person in charge of Bio-SPMs Collaborative Research at WPI-NanoLSI, Kanazawa University, through the following e-mail address.

E-mail: kunioka@staff.kanazawa-u.ac.jp

- Completed Form 1
- · Curriculum vitae for the principal investigator (applicant) only

## (1) Research Project

<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	
Title of the research project	
Keywords	List approximately five keywords
Drainet actoroxica	□ New research project
Project categories (New or continued)	Continued research project, taken over a previous collaborative research  If you check here, fill out the below items. In the case of a new research project, you can skip the below part.
Title of the previous research project	
Previous research period	MM/20XX – MM/20XX
Research results from the previous collaborative research (Publications, etc.)	

# (2) Principal Investigator (Applicant): Person Responsible for the Research Project

Name								
Date of Birth	MM	ars old)		(	Gender	Male/Female		
	Name of							
	Institution							
	Section							
	(Department,							
Affiliated	Division, etc.)							
Institution	Position							
	Address							
	Phone							
	number							
	E-mail	XXXX@XXXXXX.X	XX.XX					
Bio-SPM technology the		□ Super-resolution AFM			High one		□ SICM	· N /I
Applicant Wishes to Use		(FM-AFM/3D-A	AFM)		High-spe	eu AFIVI	□ SICM	
Can you co	over travel and a	ccommodation				П	No	
expens	NanoLSI?			□ Yes	Ш	INO		

(3) Questions Regarding Application Submission						
Why do you want to use Bio-SPM technologies in NanoLSI? Please restrict your answer to three lines.						
How did you find out about the NanoLSI Bio-SPMs Collaborative Research?						
□ Research papers □ Conference presentations □ Acquaintance						
□ Na	anoLSI's website □ Other ( <u>Please specify</u> )					
Have you contacted a NanoLSI faculty member to discuss the feasibility of this research proposal?						
	f "yes," please write the name(s) of the contacted person(s).					
□ Yes □ No						

# (4) Research Project Team (List of Collaborative Partner Researchers)

Please list everyone else who will participate in this research project, including students and postdoctoral researchers.

	Name of collaborative partner researcher:		Affiliated	
			Institution	
1.	Position		Address	
	Age	XX years old		
	Gender	Male/Female	E-mail:	XXXX@XXXXXXXXXX
	Name of collaborative partner researcher:		Affiliated	
			Institution	
2.	Position		Address	
		VV va ava ald		
	Age	XX years old		
	Gender	Male/Female	E-mail:	XXXX@XXXXXXXXXXX
	Name o	Name of collaborative partner researcher:		
3.	Desition		Address	
	Position		, 123, 000	
	Age	XX years old		
	Gender	Male/Female	E-mail:	XXXX@XXXXXXXXXX

<sup>\*</sup>Increase fields if more space for additional researchers is necessary.

<sup>\*</sup>NanoLSI faculty members can be omitted.

<sup>\*</sup>Fill the age of the member at the date of submission.

# (5) Schedule for Visiting

Name  Length of Visit and Number of Times  (Tentative Plans Acceptable)		No. of
		Days
(Example) Jane Smith	One day x 3 times, one night/two days x 2 times, 3 nights/4 days x 1 time	11 days
		day(s)
	Total No. of Days	day(s)

<sup>\*</sup>Increase fields if more space is needed.

<sup>\*</sup>Fill the total number of days you plan to stay at NanoLSI. The total days should be less than 100 days.

# (6) Pledge for Student Accidents

If any unexpected circumstances occur with the students of the collaborative partner researchers					
(graduate and undergraduate students) at NanoLSI, I will deal with them in good faith.					
Position,					
Department/Division,					
Affiliated institution					
of the student's					
supervisor					
Signature					
Name		Date	MM/DD/2018		

# (7) Pledge for Submission of this Application

If you agree, check the following boxes.

	All in	formation provided in this application is accurate to the best of the applicant's knowledge.				
_	My r	research project team will carry out experiments safely and not bring dangerous items,				
	chem	micals, biological samples, etc. to NanoLSI.				
	My re	ly research project team will carefully use Bio-SPMs, related instruments, and accompanying				
	items	ns.				
	My re	My research project team will not conceal results obtained through this collaborative research				
	and v	d will open them to the public.				
	Whe	en the research papers based on this collaborative research are published, my research				
	proje	ject team will report them to the person in charge of the Bio-SPMs Collaborative Research				
	and s	send the copies of the papers as PDF files.				
Signature						
Name			Date	MM/DD/2018		

<sup>\*</sup>Refer to Application Guidelines "9. Other (d)."

<sup>\*</sup>Skip this section if no student is participating in the research project team.

#### (8) Research Project Description

Fill in the following items using text and Figures/Tables while citing references (Up to 2 pages).

(i) Significance, Purpose, and Originality and novelty of the research project

(ii) Expected Results and Necessity of using the Bio-SPMs

#### (iii) Research Plans and Methods

If available, give an overview about the status of sample preparations and the preliminary results. Moreover, estimate the number of measurement days.

### (iv) Experience on Bio-SPM observations (optional)

If you have experience, mention the name of the microscope you used and give an overview about the results.

#### [References]

- [1] Author(s), "Title," Journal, Vol., Page, (Year).
- [2] Author(s), "Title," Journal, Vol., Page, (Year).
- [3] Author(s), "Title," Journal, Vol., Page, (Year).