

**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: bio-spmscr\_nano@ml.kanazawa-u.ac.jp

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

# **(1) Research Project**

|  |  |
| --- | --- |
| Title ofthe research project |  |
| Keywords | List approximately five keywords |
|  |
| Project categories(New or continued) | □ | New research project  |
| □ | Continued research project, taken over a previous collaborative researchIf 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 / DD /19YY (XX years old) | Gender | Male/Female |
| AffiliatedInstitution | Name of Institution |  |
| Section(Department, Division, etc.) |  |
| Position |  |
| Address |  |
| Phone number |  |
| E-mail | XXXX@XXXXX.XXX.XX |
| Bio-SPM technology the Applicant Wishes to Use | □　Super-resolution AFM(FM-AFM/3D-AFM) | □　High-speed AFM | □　SICM |
| Can you cover travel and accommodation expenses for staying at NanoLSI? | □　Yes　　　　□　No  |

# **(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　　　□ NanoLSI’s website　　　□ Other (Please specify) |
| Have you contacted a NanoLSI faculty member to discuss the feasibility of this research proposal? |
| □ Yes　　　□ No | If “yes,” please write the name(s) of the contacted person(s). |
|  |

# **(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.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of collaborative partner researcher: | AffiliatedInstitution |  |
| Address |  |
| Position |  |
| Age | XX years old |
| Gender | Male/Female | E-mail: | XXXX@XXXXX.XXX.XX |
| 2. | Name of collaborative partner researcher: | AffiliatedInstitution |  |
| Address |  |
| Position |  |
| Age | XX years old |
| Gender | Male/Female | E-mail: | XXXX@XXXXX.XXX.XX |
| 3. | Name of collaborative partner researcher: | AffiliatedInstitution |  |
| Address |  |
| Position |  |
| Age | XX years old |
| Gender | Male/Female | E-mail: | XXXX@XXXXX.XXX.XX |

\*Increase fields if more space for additional researchers is necessary.

\*NanoLSI faculty members can be omitted.

\*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) |
|  |  | day(s) |
|  |  | day(s) |
|  |  | day(s) |
|  |  | day(s) |
|  |  | day(s) |
| Total No. of Days | day(s) |

\*Increase fields if more space is needed.

\*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 institutionof the student’s supervisor |  |
| Signature |  |
| Name |  | Date | MM/DD/2018 |

\*Refer to Application Guidelines “9. Other (d).”

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

# **(7) Pledge for Submission of this Application**

If you agree, check the following boxes.

|  |  |
| --- | --- |
| □ | All information provided in this application is accurate to the best of the applicant’s knowledge. |
| □ | My research project team will carry out experiments safely and not bring dangerous items, chemicals, biological samples, etc. to NanoLSI. |
| □ | My research project team will carefully use Bio-SPMs, related instruments, and accompanying items. |
| □ | My research project team will not conceal results obtained through this collaborative research and will open them to the public. |
| □ | When the research papers based on this collaborative research are published, my research project team will report them to the person in charge of the Bio-SPMs Collaborative Research and send the copies of the papers as PDF files. |
| Signature |  |
| Name |  | Date | MM/DD/2018 |

#  **(8) Research Project Description**

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

1. **Significance, Purpose, and Originality and novelty of the research project**

1. **Expected Results and Necessity of using the Bio-SPMs**

1. **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.

1. **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).