

#### 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

| <u>`                                    </u>                                   |      |  |
|--|------|--|
| Title of the research project  |      |  |
| Keywords   | List | approximately five keywords  |
| Project categories (New or continued)  |      | New research project   |
|  |      | 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 | Э      |      |
|                         | 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-spe | od AEM      | □ SICM | SICM |
| Applicant Wishes to Use |                   | (FM-AFM/3D-A           | NFM)  |       | підп-ѕре   | eu Arivi    |        |      |
| Can you co              | over travel and a | ccommodation           |       |       |            | П           | No     |      |
| expens                  | 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 th   | How did you find out about the NanoLSI Bio-SPMs Collaborative Research? |  |  |  |  |  |  |
| □ Research papers □ Conference presentations □ Acquaintance   |   |  |  |  |  |  |  |
| _ N   | NanoLSI's website □ Other ( <u>Please specify</u> )                     |  |  |  |  |  |  |
| Have you contacted a NanoLSI faculty member to discuss the feasibility of this research proposal?   |   |  |  |  |  |  |  |
|   | If "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 |             | of collaborative partner | Affiliated<br>Institution |                 |
|---------|-------------|--------------------------|---------------------------|-----------------|
|         |             | researcher:              |                           |                 |
| 1.      |             |                          |                           |                 |
|         | Position    |                          | Address                   |                 |
|         | Age         | XX years old             |                           |                 |
|         | Gender      | Male/Female              | E-mail:                   | XXXX@XXXXXXXXX  |
|         | Name o      | of collaborative partner | Affiliated                |                 |
|         |             | researcher:              | Institution               |                 |
|         |             |                          |                           |                 |
| 2.      | D :::       |                          | Address                   |                 |
|         | Position    |                          | , idai ooo                |                 |
|         | Age         | XX years old             |                           |                 |
|         | Gender      | Male/Female              | E-mail:                   | XXXX@XXXXXXXXX  |
|         | Name o      | of collaborative partner | Affiliated                |                 |
|         | researcher: |                          | Institution               |                 |
|         |             |                          |                           |                 |
| 3.      |             |                          | Address                   |                 |
|         | Position    |                          | Audiess                   |                 |
|         | 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

| (0) 001100101010110111 |   |         |
|------------------------|---|---------|
| Name                   | Length of Visit and Number of Times                                       | No. of  |
| ivairie                | (Tentative Plans Acceptable)  | 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 information provided in this application is accurate to the                          | formation provided in this application is accurate to the best of the applicant's knowledge. |            |  |  |  |
|--------|--|--|------------|--|--|--|
|        | My research project team will carry out experiments sa                                   | esearch project team will carry out experiments safely and not bring dangerous items,        |            |  |  |  |
|        | chemicals, biological samples, etc. to NanoLSI.  | nicals, biological samples, etc. to NanoLSI.   |            |  |  |  |
| ]      | My research project team will carefully use Bio-SPMs, related instruments, and accomp    |  |            |  |  |  |
|        | items.   |  |            |  |  |  |
| ]      | My research project team will not conceal results obtaine                                | ch 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 Reso |  |            |  |  |  |
|        | and send the copies of the papers as PDF files.  |  |            |  |  |  |
| Signa  | tura   |  |            |  |  |  |
| Sigila | ture   |  |            |  |  |  |
| Nan    | ne   | 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).