

**For NanoLSI Use Only**

Application Number:

Application Receipt Date: MM/DD/2021

## 2021 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 of the research project                                                     |                                  |                                                                                                                                                                                              |
| Keywords                                                                          | List approximately five keywords |                                                                                                                                                                                              |
| Project categories<br>(New or continued)                                          | <input type="checkbox"/>         | New research project                                                                                                                                                                         |
|                                                                                   | <input type="checkbox"/>         | Continued research project, taken over a previous collaborative research<br>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<br>(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                   |
| Affiliated Institution                                                                           | Name of Institution                                              |                                                          |                               |
|                                                                                                  | Section<br>(Department, Division, etc.)                          |                                                          |                               |
|                                                                                                  | Position                                                         |                                                          |                               |
|                                                                                                  | Address                                                          |                                                          |                               |
|                                                                                                  | Phone number                                                     |                                                          |                               |
|                                                                                                  | E-mail                                                           | <a href="mailto:XXXX@XXXXX.XXX.XX">XXXX@XXXXX.XXX.XX</a> |                               |
| Bio-SPM technology the Applicant Wishes to Use                                                   | <input type="checkbox"/> Super-resolution AFM<br>(FM-AFM/3D-AFM) | <input type="checkbox"/> High-speed AFM                  | <input type="checkbox"/> SICM |
| Can you cover travel expenses including transportation and accommodation for staying at NanoLSI? | <input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><input type="checkbox"/> Research papers <input type="checkbox"/> Conference presentations <input type="checkbox"/> Acquaintance<br><input type="checkbox"/> NanoLSI's website <input type="checkbox"/> Other ( <u>Please specify</u> ) |                                                                |
| Do you wish "Collaborative Research by sending samples"?                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| Please note that the "Collaborative Research by sending samples" is limited to cases where visiting WPI-NanoLSI is difficult due to the COVID-19-related issues.                                                                                                                                                   |                                                                |
| Have you contacted a NanoLSI faculty member to discuss the feasibility of this research proposal?<br><small>*If you wish "Collaborative Research by sending samples", you are supposed to contact a NanoLSI faculty member before the application.</small>                                                         |                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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. Please note that NanoLSI faculty members can be omitted.

|    |                                           |              |                        |                                                            |
|----|-------------------------------------------|--------------|------------------------|------------------------------------------------------------|
| 1. | Name of collaborative partner researcher: |              | Affiliated Institution |                                                            |
|    | Position                                  |              | Address                |                                                            |
|    | Age                                       | XX years old |                        |                                                            |
|    | Gender                                    | Male/Female  | E-mail:                | <a href="mailto:XXXX@XXXXXX.XXX.XX">XXXX@XXXXXX.XXX.XX</a> |
| 2. | Name of collaborative partner researcher: |              | Affiliated Institution |                                                            |
|    | Position                                  |              | Address                |                                                            |
|    | Age                                       | XX years old |                        |                                                            |
|    | Gender                                    | Male/Female  | E-mail:                | <a href="mailto:XXXX@XXXXXX.XXX.XX">XXXX@XXXXXX.XXX.XX</a> |
| 3. | Name of collaborative partner researcher: |              | Affiliated Institution |                                                            |
|    | Position                                  |              | Address                |                                                            |
|    | Age                                       | XX years old |                        |                                                            |
|    | Gender                                    | Male/Female  | E-mail:                | <a href="mailto:XXXX@XXXXXX.XXX.XX">XXXX@XXXXXX.XXX.XX</a> |

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

\*Fill the age of the member at the date of submission.

\*If you wish "Collaborative Research by sending samples", you do not need to fill in this field.

**(5) Schedule for Visiting**

| Name                 | Length of Visit and Number of Times<br>(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.

\*Visit should be completed by the end of March, 2022 unless there are exceptional circumstances. For applicants adopted in 3rd call, visit can be done after March 31, 2022.

\*If you wish "Collaborative Research by sending samples", you do not need to fill in this field.

**(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,<br>Department/Division,<br>Affiliated institution<br>of the student's<br>supervisor                                                                                           |  |      |            |
| Signature                                                                                                                                                                               |  |      |            |
| Name                                                                                                                                                                                    |  | Date | MM/DD/2021 |

\*Refer to Application Guidelines "9. Other (f)."

\*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.

|                          |                                                                                                                                                                                                                                       |      |            |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|
| <input type="checkbox"/> | All information provided in this application is accurate to the best of the applicant's knowledge.                                                                                                                                    |      |            |
| <input type="checkbox"/> | My research project team will carry out experiments safely and not bring dangerous items, chemicals, biological samples, etc. to NanoLSI.                                                                                             |      |            |
| <input type="checkbox"/> | My research project team will carefully use Bio-SPMs, related instruments, and accompanying items.                                                                                                                                    |      |            |
| <input type="checkbox"/> | My research project team will not conceal results obtained through this collaborative research and will open them to the public.                                                                                                      |      |            |
| <input type="checkbox"/> | 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/2021 |

## **(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).