

**For NanoLSI Use Only**

Application Number:

Application Receipt Date: MM/DD/2025

**2025 Academic Year Bio-SPMs Collaborative Research,**

**Application and Collaborative Researcher Approval Form**

**For companies**

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.

* Completed Form 4 (this form)
* Curriculum vitae for the principal investigator (applicant) only
* Company profile

E-mail: nanolsi\_openf01\*ml.kanazawa-u.ac.jp (Please replace the asterisks (\*) with @)

# **(1) Research Project**

|  |  |
| --- | --- |
| Title ofthe research project |  |
| Keywords | List approximately five keywords |
|  |

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

|  |  |
| --- | --- |
| Name |  |
| Date of Birth | MM / DD /19YY (XX years old) | Gender | Male/Female |
| AffiliatedInstitution | Company |  |
| Section | (Department, Division, etc.) |
| Position |  |
| Address |  |
| Phone |  |
| E-mail | XXXX@XXXXX.XXX.XX |
| Bio-SPM technology the Applicant Wishes to Use | □　Atomic resolution/3D-AFM | □　High-speed AFM | □　SICM | □　AFM for Cell measurement |
| NanoLSI Associate\* NanoLSI Associates are graduates of the WISE program for Nano-Precision Medicine, Science, and Technology, at KU. | □　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). (Not available for students)　　 |
|  |

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

# **\*** **Submit this page after adoption.**

If you agree, check the following boxes.

|  |  |
| --- | --- |
| □ | ll 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 results based on this collaborative research are expected to be included in a manuscript, etc. of research papers, my research project team will discuss co-authorship or acknowledgement with NanoLSI host researcher and obtain agreement in advance. |
| □ | 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/2025 |

# **(5) 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).