Circle one of them. Genetic Modification Experiment (Progress/ Completion) Report¹⁾

Date of submission: March 31, 2015

To: The Director General, Japan Synchrotron Radiation Research Institute

I apply for the safety control of a genetic recombination experiment as follows. Description

Receipt number ²⁾			The number can be found in the Notification of Approval.			
	erson in	Name of the organization and department	XX University, Graduate School XX Department XX Laboratory			
	arge of the speriment	Title				
1	L	Name	XXX Sabro			
Head of Department Name 3)			(print and signature)			
Name of experiment worker, place of experiment. Genetically modified organisms used for the experiment. ⁴⁾		periment. odified organisms used	Apply using an attachment. The "Attachment" will be mailed separately from the JASRI Safety Office.			
Duration of experiment			April, 20, 2014 - May, 1, 2014			
Frequency of the experiment			☐ Almost every day ☐ Approx. times/week Approx. 3times/month ☐ Approx. times/year ☐ Not conducted			
C4		Experiment in progress	☐ Yes ☐ No			
	cically		☐ Yes Submit Form 20-4, Notification of Storage of Genetically Modified Organisms.			
modified organisms		Experiment completed ⁵⁾	Enter the method of disposal of genetically modified organisms. Return to the organization after sterilization by autoclaving.			
п	Safety cabinet ⁶⁾ (for P2, P2A, and P2P level experiment		(☐ At every use or ☐ Periodically), the worker confirms whether there are not any abnormalities. Enter only for an experiment that requires containment measures on a P2, P2A and P2P level.			
Resto	Other equipment ⁷⁾		The lab bench and lab apparatus that were in contact with genetically modified organisms are always sterilized after the experiment. The centrifuge and blenders are inspected once a month.			
Comments regarding the safety of this experiment ⁸⁾			If anything that should be mentioned regarding the safety of genetically modified organisms and operations is noticed during the experiment, enter it here.			
Future plan			The current experiment will continue in FY 2017.			

Date of Receipt 20YY, MM, DD	Confirmation by Safety Office		Confirmation by Safety Supervisor	
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