|  |  |
| --- | --- |
|  | **Application and Research Proposal for**  **Global Collaborative Research Project FY2025**  **( New /  Renewal : Project No. \_\_\_\_\_\_\_\_\_\_ )** |
|  | |
| To: Director of Brain Research Institute, Niigata University | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| APPLICANT (PRINCIPAL INVESTIGATOR) | | | | |
| Full Name |  | Title *(please tick)* | Professor Dr. Mr. Ms. Mx. | |
| Position |  | Research Areas |  | |
| Affiliation  (Department, Faculty, University / Institution) |  | Full Postal Address |  | |
| Email |  | Telephone |  | |
|  | | | | |
| BRI COLLABORATOR | | | | |
| Full Name |  | Position |  | |
| BRI Department | CHOOSE FROM HERE | | | |
| Applicant (PI) has obtained the approval of the BRI collaborator for this proposal. (mandatory) | | | | Yes |

|  |  |  |
| --- | --- | --- |
|  | | |
| **RESEARCH PROPOSAL** | | |
| 1. PROJECT TITLE | | |
| (English) |  | |
| (Japanese) |  | |
| 1. RESEARCH COLLABORATION CATEGORY | | |
| Neuropathological specimens of brain disease  Genome analysis on brain disease  Production and analysis on animal resources of brain disease  Translational research focused on the development of non-invasive imaging analysis technique  Open research utilizing BRI resources | | |
| 1. SUMMERY OF RESEARCH | | |
|  | | |
| **Resource / Facility Use**  If any of 1. through 5. are to be performed at Niigata University, review and approval by NU is required. Please consult with BRI collaborator for further details. | | 1. Fixed samples of humans  2. Frozen specimens of human brain  3. Human DNA and RNA  4. Animal experiment → Tick if experiments will NOT be performed at Niigata University.  5. Recombinant DNA animal models → Tick if experiments will NOT be performed at Niigata University.  6. Radioisotope  7. Others  (*please specify.* ) |

|  |  |
| --- | --- |
| 1. ETHICS: Please tick if planning to conduct relevant experimentation. | |
| I will comply with a code of ethics at the experiment facility | Yes, I will. |

|  |
| --- |
| 1. RESEARCH PURPOSE: State the research goals and objectives (100 – 150 words). |
|  |
| 1. RESEARCH PLAN: Describe succinctly the design of the study and the methods. Create an appendix if necessary. |
|  |
| 1. PREVIOUS RESEARCH WORK RELEVANT TO THE PROPOSED RESEARCH: Explain clearly the preceding works related to the given project. Create an appendix if necessary. |
|  |
| 1. OTHER RESEARCH WORK TO DATE: Provide full details of the publications for the last five (5) years. (author(s), title of article, journal and year, volume, pages) Create an appendix if necessary. |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. RESEARCH MEMBERS: List ALL members who participate in this research. Create an appendix if necessary. | | | | | | | | |
| **PRINCIPAL INVESTIGATOR** | | | | | | | | |
| Full Name |  | | | | |  | | |
| Gender | Male  Female　  Other | | | | |
| Date of Birth |  | | | | (DD/MM/YYYY) |
| Role in this Research | |  | | | | | | |
| **BRI COLLABORATOR** | | | | | | | | |
| Full Name |  | | | | |  | | |
| Gender | Male  Female  Other | | | | |
| Date of Birth |  | | (DD/MM/YYYY) | | |
| Role in this Research | |  | | | | | | |
| **CO-INVESTIGATOR 1** | | | | | | | | |
| Full Name |  | | | | | Affiliation  (Department, Faculty, University / Institution) | |  |
| Position |  | | | | |
| Gender | Male  Female  Other | | | | |
| Date of Birth |  | | (DD/MM/YYYY) | | |
| Role in this Research | |  | | | | | | |
| Telephone |  | | | | | Email |  | |
| **CO-INVESTIGATOR 2** | | | | | | | | |
| Full Name |  | | | | | Affiliation  (Department, Faculty, University / Institution) | |  |
| Position |  | | | | |
| Gender | Male  Female  Other | | | | |
| Date of Birth |  | | | (DD/MM/YYYY) | |
| Role in this Research | |  | | | | | | |
| Telephone |  | | | | | Email |  | |
| **CO-INVESTIGATOR 3** | | | | | | | | |
| Full Name |  | | | | | Affiliation  (Department, Faculty, University / Institution) | |  |
| Position |  | | | | |
| Gender | Male  Female  Other | | | | |
| Date of Birth |  | | | (DD/MM/YYYY) | |
| Role in this Research | |  | | | | | | |
| Telephone |  | | | | | Email |  | |
| *\*Providing gender and DOB details are necessary for the report to the Ministry of Education (MEXT) in relation to promoting the activities of young and female researchers.* | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. ESTIMATED TRAVEL EXPENSES: lodging, transport and meals to BRI (up to 500,000 JPY). | | | | | | | | | | |
| Traveler Name | |  | | | Destination | | Brain Research Institute, Niigata University | | | |
| Purpose |  | | | | | | | | | |
| Period  (tentative) | Start on | |  | (DD/MM/YYYY) | | Duration | |  | | days |
| End on | |  | (DD/MM/YYYY) | | Estimated Expenses | | |  | JPY |
| Traveler Name | |  | | | Destination | | Brain Research Institute, Niigata University | | | |
| Purpose |  | | | | | | | | | |
| Period  (tentative) | Start on | |  | (DD/MM/YYYY) | | Duration | |  | | days |
| End on | |  | (DD/MM/YYYY) | | Estimated Expenses | | |  | JPY |
| Total Estimated Expenses | | | | | |  | | | | JPY |

|  |  |
| --- | --- |
| 1. POSSIBILITY OF SELF-FUNDED RESEARCH: Please tick if YES. | |
| When this application is not successful for acquiring the BRI research funding, I (applicant) still wish to carry out the proposed research with my own financial resources. | Yes |

**I certify that all information in this application is true to the best of my knowledge.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Date** |
|  | Applicant’s Signature |  | Date |

|  |
| --- |
| **Checklist**: Please make sure to attach the following:  **Curriculum Vitae of PI (applicant)** *\*New projects only.*  **Progress Report (Form 2)** *\*Renewal projects only.* |