Separate Form No. 4 (concerning Article 9)

Research Safety Ethics Report

Date: ___ / ___ / _____

To: Chairperson, Research Safety Ethics Committee, Tokyo Metropolitan University Arakawa Campus

Approval No.		
Category	**Department / Post (students: enter Student ID No.)**	**Name**
1. Applicant		
2. Researchers — (1) Research representative		
Contact email address	@	
(2) Supervisor		
Confirmation date	___ / ___ / _____	
3. Research topic		
4. Details of research — (1) Changes to research protocol (Circle Yes or No. If Yes, give details of the change)	Yes No	
(2) Implementation period	___ / ___ / _____ – ___ / ___ / _____	
5. Matters related to ethical consideration (State particularly noteworthy matters. If there is any change from the original application, describe the changes and state the reasons without fail)	Changes since the approval Yes No (circle one)	
6. Publication or disclosure of research outcome (When publishing in a scientific journal or presenting at an academic conference, give the name of the publication, or the name, date and time, and other details of the conference)		
7. Remarks		