Appendix Form 2

|  |  |
| --- | --- |
| Reception number |  |

**Notification of Judgment Results for Conducting Research**

**(Teachers, Researchers, etc.)**

Date of issue:

Principal Investigator (　　　　　　 )

(date, month, year)

Name: (　 )

　Dean, Graduate School of International Cultural Studies, Tohoku University

Title of Research Project: ( )

The research project has been reviewed by the committee on (date, month, year), and the following Judgment results have been determined.

|  |  |
| --- | --- |
| Judgment result | □Approval  □Conditional approval  □Recommendation for change  □Disapproved  □Not Applicable |
| Details of reasons for conditions or recommendations for change, etc. |  |

Appendix Form 2-1

|  |  |
| --- | --- |
| Reception number |  |

**Notification of Judgment Results for Conducting Research**

**(Graduate school students)**

Date of issue:

Person responsible for implementation (　　　　　　 )

Name: (　 ) (date, month, year)

Supervisor

Name: ( )

Dean, Graduate School of International Cultural Studies, Tohoku University

Title of Research Project: ( )

The research project has been reviewed by the committee on (date, month, year), and the following Judgment results have been determined.

|  |  |
| --- | --- |
| Judgment result | □Approval  □Conditional approval  □Recommendation for change  □Disapproved  □Not Applicable |
| Details of reasons for conditions or recommendations for change, etc. |  |

Appendix Form 2-2

|  |  |
| --- | --- |
| Reception number |  |

**Approval Form for Conducting Research**

**(Teachers, Researchers, etc.)**

Date of issue:

Principal Investigator (　　　　　　 )

Name: (　 ) (date, month, year)

Dean, Graduate School of International Cultural Studies, Tohoku University

Title of Research Project: ( )

The research plan for the above project has been approved by the Research Ethics Committee, and since there are no ethical problems with the plan, we hereby approve its implementation.

Appendix Form 2-3

|  |  |
| --- | --- |
| Reception number |  |

**Approval Form for Conducting Research**

**(Graduate school students)**

Date of issue:

Person responsible for implementation ( )

Name: (　　 ) (date, month, year)

Supervisor

Name: ( )

　　Dean, Graduate School of International Cultural Studies, Tohoku University

Title of Research Project: ( )

The research plan for the above project has been approved by the Research Ethics Committee, and since there are no ethical problems with the plan, we hereby approve its implementation.

Appendix Form No. 3

|  |  |
| --- | --- |
| Reception number |  |

**Application for Change of Implementation**

**(Teachers, Researchers, etc.)**

Date of submission

( )

(date, month, year)

Dean, Graduate School of International Cultural Studies,

Tohoku University

Principal Investigator (Applicant)

　　　　　　　　　　　　　　　　　　Affiliation

　　　　　　　　　　　　　　　　　　 Name and title

　　　　　　 Signature

Person in charge of implementation

Affiliation

　　　　　　　　　　　　　　　　　 Name and title

Signature

Title of Research Project: ( )

I would like to make changes to the information approved by the committee on (date, month, year), and would like to request a re-evaluation.

|  |
| --- |
| (Outline of the changes)  □ Change of research period  □ Change of Project member  □ Change of research funds  (For changes other than the above, please resubmit the research plan.) |
| (Reason) |

Appendix Form No. 3-1

|  |  |
| --- | --- |
| Reception number |  |

**Application for Change of Implementation**

**(Graduate school students)**

Date of submission

( )

(date, month, year)

Dean, Graduate School of International Cultural Studies,

Tohoku University

Person responsible for implementation (Applicant)

Affiliation

　　　　　　　　　　　　　　　　　　　　　Name and grade

　　　　　　 Signature

Supervisor

　　　　　　　　　　　　　　　　　　 Affiliation

Name and title

Signature

Title of Research Project: ( )

I would like to make changes to the information approved by the committee on (date, month, year), and would like to request a re-evaluation.

|  |
| --- |
| (Outline of the changes)  □ Change of research period  □ Change of Project member  □ Change of research funds  (For changes other than the above, please resubmit the research plan.) |
| (Reason) |

Appendix Form No. 4

|  |  |
| --- | --- |
| Reception number |  |

**Statement of objection to the Judgment result**

**and Application for re-examination**

**(Teachers, Researchers, etc.)**

Date of submission

( )

(date, month, year)

Dean, Graduate School of International Cultural Studies,

Tohoku University

Principal Investigator (Applicant)

　　　　　　　　　　　　　　　　　　Affiliation

　　　　　　　　　　　　　　　　　　 Name and title

　　　　　　 Signature

Person in charge of implementation

Affiliation

　　　　　　　　　　　　　　　　　 Name and title

Signature

Title of Research Project: ( )

I have an objection to the Judgement result by the committee dated (date, month, year) and would like to request a re-examination.

|  |
| --- |
| (Objection) |
| (Reason) |

(Note) 1. Please attach documentation that supports your objection.

Appendix Form No. 4-1

|  |  |
| --- | --- |
| Reception number |  |

**Statement of objection to the Judgement result**

**and Application for re-examination**

**(Graduate school students)**

Date of submission

( )

(date, month, year)

Dean, Graduate School of International Cultural Studies,

Tohoku University

Person responsible for implementation (Applicant)

Affiliation

　　　　　　　　　　　　　　　　　　　　　Name and grade

　　　　　　 Signature

Supervisor

Affiliation

　　　　　　　　　　　　　　　　　　 Name and title

Signature

Title of Research Project: ( )

I have an objection to the Judgement result by the committee dated (date, month, year) and would like to request a re-examination.

|  |
| --- |
| (Objection) |
| (Reason) |

　(Note) 1. Please attach documentation that supports your objection.

Appendix Form No. 5

|  |  |
| --- | --- |
| Reception number |  |

**Notification of Results of Re-examination**

**(Teachers, Researchers, etc.)**

Date of issue:

Principal Investigator ( )

Name:　　 (date, month, year)

Dean, Graduate School of International Cultural Studies, Tohoku University

Title of Research Project: ( )

I hereby notify you that the Committee has re-examined the research plan for the above proposal, which has been objected to, and has made the following decision.

|  |  |
| --- | --- |
| Judgment result | □Approval  □Conditional approval  □Recommendation for change  □Disapproved  □Not Applicable |
| Reason, etc. |  |

Appendix Form No. 5-1

|  |  |
| --- | --- |
| Reception number |  |

**Notification of Results of Re-examination**

**(Graduate school students)**

Date of issue:

Person responsible for implementation ( )

Name: ( )　　 (date, month, year)

Supervisor

Name: ( )

Dean, Graduate School of International Cultural Studies, Tohoku University

Title of Research Project: ( )

I hereby notify you that the Committee has re-examined the research plan for the above proposal, which has been objected to, and has made the following decision.

|  |  |
| --- | --- |
| Judgment result | □Approval  □Conditional approval  □Recommendation for change  □Disapproved  □Not Applicable |
| Reason, etc. |  |

Appendix Form No. 6

|  |  |
| --- | --- |
| Reception number |  |

**Report of adverse events**

**(Teachers, Researchers, etc.)**

Date of submission:

( )

(date, month, year)

Dean, Graduate School of International Cultural Studies, Tohoku University

Principal Investigator (Applicant)

Affiliation

Name and title

Signature

Title of Research Project: ( )

The following is a report on the implementation of the above research proposal, which was approved as of (date, month, year).

\*Status: (You may be asked to provide an explanation at the Ethics Committee)

(1) Institution where the event occurred □My institution □Other collaborative research institution (Institution name: )

(2) Serious adverse event and process

(Briefly, enter the date of occurrence, reason for judging the event as serious, details of the intervention and causal relationship, process, outcome, etc.)

(3) Measures taken for serious adverse events

(Suspension of new enrollment, revision of explanatory consent document, re-consent to other subjects, etc.)

(4) Dissemination of information to collaborating research institutions, etc.

Collaborative research institution　　　　　 □No □Yes

(Total number of institutions (including own institution) )

The information has been disseminated. □No □Yes

\*Contact information of Principal Investigator (phone, e-mail, etc.):

|  |  |
| --- | --- |
| Reception number |  |

Appendix Form No. 6-1

**Report of adverse events**

**(Graduate school students)**

Date of submission:

( )

(date, month, year)

Dean, Graduate School of International Cultural Studies, Tohoku University

Person responsible for implementation

Affiliation

Name and grade

Signature

　　　　　　　　　　　　　　Supervisor

Affiliation

　　　　　　　　　　　　　　Name and title

　　　　　　　　　　　　　　Signature

Title of Research Project: ( )

The following is a report on the implementation of the above research proposal, which was approved as of (date, month, year).

\*Status: (You may be asked to provide an explanation at the Ethics Committee)

(1) Institution where the event occurred □My institution □Other collaborative research institution (Institution name: )

(2) Serious adverse event and process

(Briefly, enter the date of occurrence, reason for judging the event as serious, details of the intervention and causal relationship, process, outcome, etc.)

(3) Measures taken for serious adverse events

(Suspension of new enrollment, revision of explanatory consent document, re-consent to other subjects, etc.)

(4) Dissemination of information to collaborating research institutions, etc.

Collaborative research institution　　　　　 □No □Yes

(Total number of institutions (including own institution) )

The information has been disseminated. □No □Yes

\*Contact information of Person responsible for implementation (phone, e-mail, etc.):

\*Contact information of Supervisor (phone, e-mail, etc.):