APPLICATION FORM

\*Include only publicly disclosable, non-confidential information.

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| Research Topic Number | Enter an appropriate research topic number corresponding to your proposed study. (Example) Enter 1.5 for “New and innovative technologies for pain assessment” under the Chronic Pain category.  |
| Research Topic |  |

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| Applicant Information |
| Pronunciation |  |
| Name |  |
| Institutional Affiliation / Title |  |
| Contact Address | ZIP Code: |
| Phone |  |
| E-mail |  |

Provide information of co-investigator(s), if any, upon obtaining their official approval.

Add additional page(s) if you have more than one co-investigator.

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| Co-Investigator Information |
| Pronunciation |  |
| Name |  |
| Institutional Affiliation / Title |  |
| Contact Address | ZIP Code: |
| Roles and Responsibilities |  |

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| Abstract |
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| Background and Aims |
| First, clearly describe the background information of your project, as well as the questions and issues that are yet to be addressed in the field of your research. Then, describe how you propose to solve these problems.  |

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| Preliminary Results |
| Describe preliminary results for the research project you wish to pursue.Include only publicly disclosable, non-confidential information. |

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| Research Design and Timeline |
| For a multi-year project, list milestones for each year and provide clear and detailed study methods only for the first year.You may embed figures, if they help.Include only publicly disclosable, non-confidential information. |

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| Roles and Responsibilities Expected of Asahi Kasei Pharma during Collaboration |
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| Patent Applications Relevant to the Proposed Study |
| List issued patents and/or published patent applications that are related to this proposal. (For each patent, provide patent/application number, title, and filing date.) |

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| Financial Support from For-Profit Organizations |
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