**Graduate School of Medicine and Faculty of Medicine**

**The University of Tokyo**

**7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan**

**Ethics Committee**

|  |  |
| --- | --- |
| Date: | ※未記入でお願いします |

|  |  |
| --- | --- |
| Serial Number: |  |
| Title of research: |
|  |
| Name of applicant: |
|  |

This is to certify that a plan for the research project identified above was reviewed, and was approved by the Ethics Committee on・・・・(Date).



Masaomi Nangaku, Dean

Graduate School of Medicine and Faculty of Medicine

The University of Tokyo



MN/

**Graduate School of Medicine and Faculty of Medicine**

**The University of Tokyo**

**7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan**

変更申請の通知書が必要な場合、

枝番まで記載してください。

**Ethics Committee**

|  |  |
| --- | --- |
| Date: | ※未記入でお願いします |

|  |  |
| --- | --- |
| Serial Number: | 2024000NI-(2) |
| Title of research: |
| A study on xxxxxxx xxxxxxx |
| Name of applicant: |
| Taro Todai, Professor, Graduate School of Medicine and Faculty of Medicine |

This is to certify that a plan for the research project identified above was reviewed and was approved by the Ethics Committee on April 15th, 2024.

委員会承認日
※実施許可日ではありません。必要に応じ、支援室にて訂正いたします。

Jiro Todai

Giro Todai, Dean

こちらに研究科長のサインが入ります

Graduate School of Medicine and Faculty of Medicine

The University of Tokyo

GT/