2024 Application Form for the Research Proposal

for the Microcrystal Electron Diffraction (MicroED)

(Institute for Protein Research, Osaka University)

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| Applicant  Family Name: First Name: Middle name:  Position: | | | | | | | | | Date (Month/Day/Year) |
| Signature | | | | | | | | | |
| Affiliation | | | | | | | | | |
| Address | | | | | | | | | |
| Tel. | | | | Fax. | | E-mail | | | |
| Title of the Experiment | |  | | | | | | | |
| M  e  m  b  e  r  s | Name | | Date of Birth  Gender | | Affiliation | | Position | E-mail | |
| (including the applicant) | |  | |  | |  |  | |
| Abstract (Describe the significance, purpose, features and expected results of the proposed research, including the reason why this MicroED measurement is needed for your research)  \*(　)If this is a continuation of a previously awarded research proposal, please indicate by checking the brackets below and providing detailed progress.  [Research Progress] | | | | | | | | | |
| Name of samples, hazards, safety measures  \*(　) Please check here if the preliminary XRD data are available. | | | | | | | Requested Machine time (date etc.) | | |
| Deposition of obtained diffraction data/coordinates to the public archives  YES or NO (reason why if selected “NO” ) | | | | | | | | | |
| As the Director of this applicant’s institute, I hereby permit him/her to submit this application document.  Name: Title:  Signature  Date: | | | | | | | | | |