

## **Important Notice for International Researchers:**

Due to the significant increase in electricity costs resulting from the current social and economic situation, scheduled machine time may be affected, including the possibility of cancellation. We appreciate your understanding and cooperation.

We will provide further updates should any changes become necessary.

Starting from fiscal year 2028, the operation of the accelerator for treatment purposes will be transferred from the HIMAC to the new accelerator. However, the operational method for experimental use of the accelerator has not yet been finalized. Therefore, the current system will be terminated at the end of fiscal year 2027, and the new operational policy will be announced during FY2027.

When preparing your research proposal for this application, please ensure that the research plan is scheduled to be completed by the end of FY2027.

Additionally, from FY2026, a usage fee system will be introduced for the experimental animal facility in the HIMAC. Details regarding the fees and collection methods will be announced once the operational procedures are finalized.

As of FY2025, the application process has been revised, and a new application form is now in use. Please make sure to carefully read the updated guidelines to avoid any errors in your submission.

Cyclotron proposals will not be accepted at this time.

## CALL FOR PROPOSALS OF EXPERIMENTS AT ACCELERATORS in Chiba

### 1. Description

National Institutes for Quantum and Science and Technology (QST) in Chiba, Japan, will accept proposals for experiments using Accelerators in Chiba during the period from April 2027 through March 2028.

Although HIMAC is an accelerator designed for medical applications, beam time is available for research projects beyond the scope of medical sciences.

Electrostatic Accelerator can perform PIXE (Particle-Induced X-ray Emission) analysis and microbeam irradiation using proton or helium ions.

### 2. Address for Submission of Proposals

Additional information and instructions for submission of proposals are available from the Program Coordinator at the following address.

|                |                                                                                                                                                           |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| E-mail :       | himac_riyou@qst.go.jp (HIMAC)<br>kyoyo-seiden@qst.go.jp (Electrostatic Accelerator)                                                                       |
| Surface mail : | Department of Accelerator and Medical Physics<br>National Institutes for Quantum Science and Technology<br>4-9-1 Anagawa, Inage-ku, Chiba 263-8555, JAPAN |

### 3. Deadline for Submission of Proposals

November 24th, 2026

### 4. Description of Facilities

Two experimental halls are available for research at HIMAC. These include facilities for Biology, and Medium-Energy Beams.

HIMAC is used for medical applications. In principle, non-medical research experiments can only be conducted on Tuesday and Wednesday nights.

Three types of PIXE analysis systems (PASTA) are available in the electrostatic accelerator: conventional, in-air, and microbeam scanning types.

In addition, the system includes a dedicated beamline for in-air microbeam irradiation using proton or helium ions (SPICE).

### 5. Type of application

The HIMAC collaborative research program will be terminated in FY2024, and the HIMAC experimental use is operated under the framework introduced in FY2025.

There are three ways to use HIMAC under this program, as described below.

#### A. Collaborative Research

This is a proposal to be researched in collaboration with a QST co-researcher.

If your proposal is accepted, an MOC (Memorandum of Cooperation) must be signed between your institution and the QST before the experiment starts.

When applying, please be sure to include the name of a QST co-researcher.

The co-researcher will handle the identity registration process at QST. The Secretariat will not do this in the future.

No fee is required.

#### B. Paid Use

This is conducted without MOC.

Requires the signing of a user contract or articles of incorporation.

Applies to those that do not disclose experimental results.

Please contact the secretariat for fees.

No identity registration process at QST is required, but a Radiation Controlled Area Entry Certificate must be submitted.

#### C. Paid Use to Publish Results

This is conducted without MOC.

Requires the signing of a user contract or articles of incorporation.  
 If the results are to be published in a paper, a reduced fee will be applied.  
 Please contact the secretariat for fees.  
 No identity registration process at QST is required, but a Radiation Controlled Area Entry Certificate must be submitted.

\* If you have any questions about this section, please email your liaison if you are currently using HIMAC, or the Secretariat if you are not using it.

## 6. Spokesperson

One of the participants in the proposal should be identified as the spokesperson. All correspondence with QST should be through this spokesperson.

## 7. Review and Selection of the Proposals

A Program Advisory Committee (PAC) consisting of researchers inside and outside of QST will review all proposals. The final selection of approved experiments will be informed by the Director General of Institute for Quantum Medical Science based on recommendations from the PAC. The approval is valid for one year. Renewals for continuation or revised proposals must be submitted each year.

Beam time is scheduled every six months. The spokesperson and the liaison at QST for each experiment will work with a beam-time coordinator at QST to arrange preferred beam times.

## 8. Submission

Necessary documents for submission include,

(1) A summary of the proposal should be presented using the attached form: "Proposal for Research Project at QST-xxx".

(2) Information describing details of the proposal should be presented on separate sheets in either Japanese or English using guidelines in the attached form: "Instructions for Preparation of Details of the Proposal"

\* **Caution:** Ensure that you have completed the "Safety Issues and Special Requirements" to evaluate the safety of your experiment and confirm necessary procedures.

(3)-1 HIMAC:

Beam-time applications for HIMAC are handled independently from the current application process. The Secretariat of the Beam-Time Committee will provide applicants with the application guidelines, forms, and other documents required for conducting experiments.

(3)-2 Electrostatic Accelerator:

The beam time application guidelines and application form for the electrostatic accelerator are enclosed with this application. Please submit both the research proposal and the beam time application form by the deadline.

## 9. Available Beams

Characteristics of typical beams are listed below. Additional ions or energies may be available in a limited manner upon request. Please contact the Program Coordinator for more information.

-- Medium-Energy Beams--

|           |                             |
|-----------|-----------------------------|
| Ion       | He, C, N, O, Ne, Si, Ar, Fe |
| Energy    | 6 MeV/u                     |
| Intensity | $<2.0 \times 10^{12}$ pps   |

-- Biology --

A large and uniform irradiation field is provided for Biology. The user can select a mono-energetic beam with a narrow Bragg Peak (MONO) or a beam with a broad "Spread-Out" Bragg Peak (SOBP).

| Ion | energy (MeV/u) | field shape  |
|-----|----------------|--------------|
| He  | 150            | MONO, SOBP60 |
| C   | 290            | MONO, SOBP60 |
| C   | 135, 350, 400  | MONO         |
| Ne  | 230            | MONO         |
| Ne  | 400            | MONO, SOBP60 |
| Si  | 490            | MONO         |
| Ar  | 500            | MONO         |
| Fe  | 500            | MONO         |

A diameter of the beam is 100 mm.

SOBP60 indicates an SOBP field with a thickness in depth of 60 mm. Maximum intensity is approximately 5 Gy/min. for a MONO beam and 3 Gy/min. for an SOBP beam.

-- PASTA--

|           |                               |
|-----------|-------------------------------|
| Ion       | H                             |
| Energy    | <3.4MeV                       |
| Intensity | <100 pA @ micro-PIXE analysis |

-- SPICE—

|           |                          |
|-----------|--------------------------|
| Ion       | H, He                    |
| Energy    | <H:3.4MeV, He:5.1MeV     |
| Intensity | 1 ~ 50,000 particle/shot |

量子科学技術研究開発機構量子医科学研究所  
**HIMAC** 利用研究課題申請書 (20 年度)  
 Proposal for Research Project at QST-**HIMAC**  
 (FY20 )

|                                    |                                                                          |                                                                                                                                                                            |                                                          |                                                         |                                                                                   |                                           |
|------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------|
| *1 課題整理番号<br>Project No.           |                                                                          | <input type="checkbox"/> 所内利用／共同研究<br>Collaborative Research<br><input type="checkbox"/> 有償利用 <input type="checkbox"/> 成果を公開する有償利用<br>Paid Use Paid Use to publish results | 年 月 日<br>Date(yy/mm/dd)                                  |                                                         |                                                                                   |                                           |
| *2 分類<br>Category                  | <input type="checkbox"/> 新規<br>New                                       | <input type="checkbox"/> 継続 2 年目<br>2 <sup>nd</sup> year                                                                                                                   | <input type="checkbox"/> 継続 3 年目<br>3 <sup>rd</sup> year | <input type="checkbox"/> 4 年目新規<br>4 <sup>th</sup> year | <input type="checkbox"/> 生物<br>Biology                                            | <input type="checkbox"/> 物理・工学<br>Physics |
| 研究課題名<br>Title of Research Project |                                                                          |                                                                                                                                                                            |                                                          |                                                         |                                                                                   |                                           |
| *3 課題申請者<br>Spokesperson           | 氏名<br>Name                                                               | Last/First/M                                                                                                                                                               |                                                          | 職名<br>Title                                             |                                                                                   |                                           |
|                                    | 所属機関名、部署名<br>Institution<br>住所 〒<br>Address<br>電話 phone: fax:<br>e-mail: |                                                                                                                                                                            |                                                          |                                                         |                                                                                   |                                           |
| *4 共同研究者<br>Co-researcher at QST   | 氏名<br>Name                                                               |                                                                                                                                                                            | 所属部課<br>Division                                         |                                                         | 内線 ext.                                                                           |                                           |
| 研究の目的と意義<br>Objective of Project   |                                                                          |                                                                                                                                                                            |                                                          | *5 想定している研究年数<br>Assumed years of research              |                                                                                   |                                           |
|                                    |                                                                          |                                                                                                                                                                            |                                                          |                                                         |                                                                                   |                                           |
| MT に関する希望<br>Beam Time Request     | 加速粒子<br>Particle                                                         | エネルギー<br>Energy<br>(MeV/u)                                                                                                                                                 | 強度又は線量率<br>Intensity                                     | 日数又は時間<br>Hours or Days<br>Requested                    | ビームコース<br>Beam Line<br>1: HIMAC 生物照射室<br>(Bio)<br>2: HIMAC 中エネ照射<br>室(Mid-Energy) |                                           |
|                                    |                                                                          |                                                                                                                                                                            |                                                          |                                                         |                                                                                   |                                           |

## 量子科学技術研究開発機構量子医科学研究所

~~サイクロトロン~~→静電加速器利用研究課題申請書 (20 年度)Proposal for Research Project at Utilizing QST-~~Cyclotron~~ and Electrostatic accelerator Facility  
(FY20 )

|                                                                                 |                                                                                                                                                                                                  |                       |                                                                            |                                                                                                                                              |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| *1 課題整理番号<br>Project No.                                                        | <input type="checkbox"/> 所内利用／共同研究<br>Collaborative Research<br><input type="checkbox"/> 有償利用 <input type="checkbox"/> 成果を公開する有償利用<br>Paid Use Paid Use to publish results                       |                       | 年 月 日<br>Date(yy/mm/dd)                                                    |                                                                                                                                              |
| 利用施設<br>Facility                                                                | <input checked="" type="checkbox"/> サイクロトロン加速器 Cyclotron<br><input type="checkbox"/> 静電加速器                                                                                                       |                       |                                                                            |                                                                                                                                              |
| *2 分類<br>Category                                                               | <input type="checkbox"/> 新規 New <input type="checkbox"/> 継続 2 年目 2 <sup>nd</sup> year <input type="checkbox"/> 継続 3 年目 3 <sup>rd</sup> year <input type="checkbox"/> 4 年目新規 4 <sup>th</sup> year |                       | <input type="checkbox"/> 生物 Biology <input type="checkbox"/> 物理・工学 Physics |                                                                                                                                              |
| 研究課題名<br>Title of Research Project<br>(共同研究契約名)<br>Collaborative Research Title |                                                                                                                                                                                                  |                       |                                                                            |                                                                                                                                              |
| *3 課題申請者<br>Spokesperson                                                        | 氏名<br>Name                                                                                                                                                                                       | Last/First/M          |                                                                            | 職名<br>Title                                                                                                                                  |
|                                                                                 | 所属機関名、部署名<br>Institution                                                                                                                                                                         |                       |                                                                            |                                                                                                                                              |
|                                                                                 | 住所 〒<br>Address                                                                                                                                                                                  |                       |                                                                            |                                                                                                                                              |
|                                                                                 | 電話 phone:                                                                                                                                                                                        |                       | fax:                                                                       |                                                                                                                                              |
|                                                                                 | e-mail:                                                                                                                                                                                          |                       |                                                                            |                                                                                                                                              |
| *4 共同研究者<br>Co-researcher at QST                                                | 氏名<br>Name                                                                                                                                                                                       |                       | 所属部課<br>Division                                                           | 内線 ext.                                                                                                                                      |
| 研究の目的と意義<br>Objective of Project                                                |                                                                                                                                                                                                  |                       | *5 想定している研究年数<br>Assumed years of research                                 |                                                                                                                                              |
|                                                                                 |                                                                                                                                                                                                  |                       |                                                                            |                                                                                                                                              |
| MT に関する希望<br>Beam Time Request                                                  | 加速粒子<br>Particle                                                                                                                                                                                 | エネルギー<br>Energy (MeV) | 日数<br>Days Requested                                                       | ビームコース<br>Beam Line                                                                                                                          |
|                                                                                 |                                                                                                                                                                                                  |                       |                                                                            | <input type="checkbox"/> Cyclotron<br>( <input type="checkbox"/> C-6 <input type="checkbox"/> C-8 <input checked="" type="checkbox"/> Other) |
|                                                                                 |                                                                                                                                                                                                  |                       |                                                                            | <input type="checkbox"/> PIXE<br>( <input type="checkbox"/> Conventional <input type="checkbox"/> Microbeam)                                 |
|                                                                                 |                                                                                                                                                                                                  |                       |                                                                            | <input type="checkbox"/> SPICE                                                                                                               |
|                                                                                 |                                                                                                                                                                                                  |                       |                                                                            |                                                                                                                                              |

|                                                       | 氏名<br>Name | 所属<br>Institution | 職名<br>Title | 量研での身分<br>Status at QST |
|-------------------------------------------------------|------------|-------------------|-------------|-------------------------|
|                                                       |            |                   |             |                         |
| *4 研究分担者<br>List of<br>Participants<br>(Last/First/M) |            |                   |             |                         |

日本語又は英語で書かれた「研究計画詳細」を添付すること。

\*1 量研機構側で使用するので記入しないこと。\*2 該当するものにチェック。\*3 課題申請者は量研機構との事務連絡も担当する。\*4 機構外の方が共同研究の一環で課題申請する場合、記載は必須です。機構内課題で外部機関の人が研究分担者に入る場合、来所の有無にかかわらず共同研究契約等の締結は必須です。 \*5 「研究計画詳細」の「2. 研究計画」中に根拠を必ず記載してください。

Additional information should be presented on separate sheets in either Japanese or English.

\*1 Office use only. \*2 Check categories. \*3 All correspondence will be sent to the spokesperson. \*4 Required if used for collaborative research. \*5 This rationale must be included in the “Details of the Proposal” section “2. Experimental Methods”.

## 安全性及び実験遂行に必要な手続きの確認

### Safety Issues and Special Requirements

申請する内容に該当する項目にチェックを入れ、その詳細と対策/手続きについて数行にまとめて記載して下さい。記入する際は青字部を消してから記入してください。

なお、本申請書で申請されていない場合、下記に該当する実験は実施できません。

Please check the boxes that apply to what you are applying for and describe the details and measures/procedures in a few lines. When filling out the form, please delete the blue text before filling in the form. **If this application is not submitted with this form, the following experiments cannot be conducted.**

|                       | 項目                                              | 実施                       | 詳細及び安全対策 Details and safety measure                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------|-------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 共通<br>Common<br>items | 標準条件外<br>Out of standard operation              | <input type="checkbox"/> | 提供条件以外の条件での実験を計画されている場合は、詳細、及び QST の共同研究者との打合せ状況を記載してください。<br>If you plan to conduct experiments under conditions other than those provided, please describe details and the status of meetings with your collaborator in QST.                                                                                                                                                                                    |
|                       | 高線量照射<br>High dose irradiation                  | <input type="checkbox"/> | 同一サンプルに対して 1000Gy 以上照射を予定している場合には、取り扱いに関する安全対策を記載してください。<br>If you plan to irradiate more than 1000 Gy to the same sample, please describe the safety measures for handling.                                                                                                                                                                                                                                      |
|                       | 照射試料の持出<br>Carrying out of irradiated materials | <input type="checkbox"/> | 照射したターゲット、細胞、動物などを管理区域から搬出する計画があるときは、放射線レベルについての見積もりを記述してください。放射化した状態の物品を搬出する場合は事前に放射線安全課と協議する必要があります。<br>If you plan to carry out targets, cells, animals, etc. from the radiation-controlled area after irradiation, please describe your estimate of radioactivity levels.                                                                                                                                     |
|                       | 有害物質（毒劇物、農薬等）<br>Toxic Substances               | <input type="checkbox"/> | 有害物質の利用を予定されている場合は、使用予定の薬剤名、入手方法（持ち込み/QST 千葉地区内研究者からの分与）、安全対策・廃棄方法について記載してください。<br>If you plan to use toxic substances, please describe the name of the chemical, how to obtain it, those safety measures, and disposal methods.                                                                                                                                                                                  |
| 生物<br>Biology         | 動物実験*1<br>Animals                               | <input type="checkbox"/> | 動物の種類 the type of animal : _____<br>入手手段 How to get it?:<br><input type="checkbox"/> 持込 Bring-your own,<br><input type="checkbox"/> QST で購入 Buy at QST<br><input type="checkbox"/> 未定 not determined,<br><input type="checkbox"/> その他 Other, details: _____<br>QST への申請 Application to QST :<br><input type="checkbox"/> Done/ <input type="checkbox"/> Yet<br>実施体制 Implementation Structure(QST 千葉地区以外の方): _____ |
|                       | 遺伝子組換え実験*2<br>Genetically modified organism     | <input type="checkbox"/> | <input type="checkbox"/> P1/ <input type="checkbox"/> P1A/ <input type="checkbox"/> P1P/<br><input type="checkbox"/> P2/ <input type="checkbox"/> P2A/ <input type="checkbox"/> KO by genome editing<br>詳細 Details: _____<br>QST への申請 Application to QST :<br><input type="checkbox"/> Done/ <input type="checkbox"/> Yet<br>実施体制 Implementation Structure(QST 千葉地区以外の方): _____                                   |

|                              |                                                   |                          |                                                                                                                                                                                                                                                                                                             |
|------------------------------|---------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | ヒトサンプル<br>Human-derived<br>experimental materials | <input type="checkbox"/> | 詳細 Detail of the sample: _____<br>QST への申請 Application to QST : _____<br><input type="checkbox"/> Done/ <input type="checkbox"/> Yet<br>所属機関の承認 Approval from your institution : _____<br><input type="checkbox"/> Done/ <input type="checkbox"/> Yet<br>実施体制 Implementation Structure(QST 千葉地区以外の方): _____ |
|                              | 微生物実験*3<br>Microbiological Experiments            | <input type="checkbox"/> | <input type="checkbox"/> BSL1/ <input type="checkbox"/> BSL2<br>微生物の種類 the type of microorganism : _____<br>QST への申請 Application to QST : _____<br><input type="checkbox"/> Done/ <input type="checkbox"/> Yet<br>実施体制 Implementation Structure(QST 千葉地区以外の方): _____                                        |
|                              | 向神経薬<br>Neurotropic drugs                         | <input type="checkbox"/> | 薬品名 Drug name: _____<br>入手手段 How to get it?: _____<br><input type="checkbox"/> 持込 Bring-your own,<br><input type="checkbox"/> 分与 from QST staff, name: _____<br><input type="checkbox"/> 未定 not determined,<br><input type="checkbox"/> その他 Other, details: _____                                           |
|                              | その他<br>Others                                     | <input type="checkbox"/> | 生物系実験でリスクが想定される事項があれば、その詳細と安全対策について記載してください。<br>Please describe any other possible risks and safety measures for them.                                                                                                                                                                                      |
|                              |                                                   |                          |                                                                                                                                                                                                                                                                                                             |
| 物理・化学系<br>Physics /Chemistry | ガス<br>Gas                                         | <input type="checkbox"/> | 使用するガスの種類、想定される危険性とその安全対策について記載してください。<br>Please describe the size and weight of heavy equipment and the method of carrying in and out.                                                                                                                                                                     |
|                              | その他<br>Others                                     | <input type="checkbox"/> | 物理系・化学系実験でリスクが想定される事項があれば、その詳細と安全対策について記載してください。（例）重量物の搬入、搬出<br>Please describe any other possible risks and safety measures. e.g. Carrying in and out heavy objects.                                                                                                                                       |

\*1 静電加速器では動物実験は行えません。Experiments involving the use of animals cannot be conducted using electrostatic accelerator.

\*2 静電加速器では P2, P2A の実験は行えません。Experiments designated as P2 and P2A cannot be conducted using an electrostatic accelerator.

\*3 静電加速器では BSL2 の実験は行えません。Experiments requiring Biosafety Level 2 (BSL2) conditions are not permitted with an electrostatic accelerator.

### HIMAC 生物照射室内で使える電源

#### Power supply available in HIMAC Bio-irradiation room

|                         |                                |
|-------------------------|--------------------------------|
| 3φ 3W 210V 2箇所（配電盤）     | switchboard, 2 locations       |
| 1φ 3W 210/105V 2箇所（配電盤） | switchboard, 2 locations       |
| 100V 2個口 4箇所（コンセント）     | type A, 2 sockets, 4 locations |

### HIMAC 生物照射室に搬入できる荷物の上限

#### Freight elevator: Must be used for carrying heavy items into HIMAC Bio-irradiation room

|                        |                 |
|------------------------|-----------------|
| 重量 500kg               | weight limit    |
| 寸法 900mm×1100mm×1180mm | dimension limit |

## INSTRUCTIONS FOR PREPARATION OF “DETAILS OF THE PROPOSAL”

### Directions

Provide information relevant to “Details of the Proposal” using the following format:

- \* Information should be typed on A4-size white paper.
- \* The name of a spokesperson should be typed in the margin of the upper-right corner.
- \* The length of the document should be 6 pages or less, including figures and tables.
- \* Because black-and-white copies will be distributed to the PAC review committee, the use of color figures is discouraged.

### 1. Background and objectives of the proposal

Background and objectives of the proposal should be presented in a self-explanatory manner. You should be aware that some members of the PAC review committee may not be familiar to specific details of the research field. The necessity for using heavy-ion beams for these experiments, as well as additional merits for using heavy-ion beams in related disciplines, should be emphasized.

### 2. Experimental Methods

The details of the experiment, including the setup of equipments, handling of targets, beam-irradiation schedule, data acquisition, etc., should be explained. If special devices are to be used, details of including logistics relating to installation and operation of the device should be clarified. A description of ion species, the irradiation field-size, energies, intensities, and quality of beams should be included. Beam time schedules or critical timing restrictions should be mentioned.

### 3. Progress up to this point (if this is a renewal application)

Progress of the experiments at HIMAC up to this point should be summarized.

Additional procedures are requested if the proposal is in the 4<sup>th</sup> consecutive year (24HJ\*\*\*, 24HH\*\*\*). In this case, a more detailed summary of the last 3 years should be attached. This is a separate document with a length of around 3 pages. Contents overlapping with previous annual reports are acceptable.

### 4. Estimation of the beam time

The request for necessary beam time should be based on the experiment plan. This should include a description that emphasizes the feasibility of the entire experimental process.

### 5. Target material

#### Biology Experiments

It is essential to characterize targets used for the experiments including *in vitro*, *in vivo* or other systems. The size, structure, and composition of any target containers should be described. Information relating to beam characteristics (e.g., size and uniformity) as well as absorbed dose and dose rates should be included.

For *in vitro* systems: any processing before and after irradiation, such as incubation, should be explained. This includes duration and necessary equipment.

For *in vivo* systems: the kind of animals, number of animals, and a method for transporting those animals, should be explained as well as handling and feeding procedures before and after irradiation.

Special attention should be devoted to the proposal when recombinant DNA, cells or animals are to be used. It is strongly recommended to contact the liaison person at QST-Chiba before submission in those cases.

### Physics Experiments

A list describing the desired targets should include the material, size, as well as desired ion, beam shape and intensity.

## **6. List of the publications**

Papers published by participants should be listed using to the following instructions. This list should be succinctly related to the scientific objectives of this proposal. Failure to follow these instructions, or the inclusion of extensive or unnecessary information, may result in low scores.

- (1) The list of publications should be closely related to the proposal, and published during the last 5 years.
- (2) The list should be sorted chronologically from recent to old. Do not sort them according to authors.
- (3) A title, names of authors, name of journal, volume number, pages, year of publication should be included.
- (4) Authors who are also participants of this proposal should be underlined in the list.

\* Safety evaluations, special requirements, and other safety matters should be documented in the “Safety Issues and Special Requirements” checklist.