To Center for Research and Education on Drug Discovery Faculty of Pharmaceutical Sciences, Hokkaido University

Year Month Day

Application for utilization of Center

I apply to use the Screening device of Center for Research and Education on Drug Discovery, Faculty of Pharmaceutical Sciences, Hokkaido University (Center)

1 Applicant	
Researcher's name	Occupation
Name of Institution	Department
Address	Postal code
<u>Telephone Number</u>	FAX number
E-mail address	

2 Screening device to apply (Please circle the number)		
1. Screening device (HORNET)		
2. Plate Reader (EnSpire)	3. Imaging System (Operetta)	
4. Biacore T200 5. Auto iTC200	5.Auto iTC 200	
6. ACQUITY UPLC/ Xevo G2 QTof	7. MicroCal VP-Capillary DSC	
8. Nanoliter dispensling system (Mosquito)	9. Flow Cytometer(Beckman)	
10. Real time PCR (Bio-Rad)	11. CD spectrum measuring device	
12. Measuring device for particle size and molecular weight		
13.Other devices ()	

3 Estimated period of applying test <u>Year Month Day</u> \sim <u>Year Month Day</u>

4~ Device Reservation system expecting ID \cdot Initial password (password can be changed later)

ID Password

I hereby agree with the rules on use and bylaws of Center, and apply to use the device above.

Name of Institution

Address

Researcher's Name