(Form E1-1) Proposal Cover Page

**FY 2018 Advanced Research and Development Programs for Medical Innovation**

**Research and Development (R&D) Proposals**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Title of proposed R&D project | *Study of ○○* | | | | | | |
| R&D Area (Type) | Understanding of pathophysiological processes and discovery of medical technology seeds through spatiotemporal research of tissue adaptation and repair mechanisms（AMED-CREST） | | | | | | |
| R&D Period | Oct. 1st 2018 ~ *Mar. 31th 2024* (*5.5* years) | | | | | | |
| Area |  | | | | | | |
| Discipline |  | | | | | | |
| Research Field |  | | | | | | |
| Research field  Keyword |  | | | | | | |
| Keyword |  | | | | | | |
| Name of R&D PI | (Japanese) |  | | | | | |
| (English) | *Mr./Ms. Yyyy Yyyyyy* | | | | | |
| Affiliated Institution | *○○○○University* | | | | | | |
| Address | 〒*XXX-XXXX* | | | | | | |
| Phone Number | *XX-XXXX-XXXX* | | | FAX Number | | | *XX-XXXX-XXXX* |
| E-mail | *YYY@YY.jp* | | | | | | |
| Section | *△△△△△* | | | | | | |
| Title | *△△△* | | | | | | |
| Person in charge of accounting work | *○○ ○○* | | Accounting department name, contact information etc. | |  | | |
| R&D Co-Investigator\* | （Japanese） |  | | | | | |
| （English） | *Mr./Ms. Zzzz Zzzzz* | | | | | |
| Affiliated Institution | *○○ University* | | | | | | |
| Address | 〒 *XXX-XXXX* | | | | | | |
| Phone Number | *XX-XXXX-XXXX* | | | FAX Number | | *XX-XXXX-XXXX* | |
| E-mail | *YYY@YY.jp* | | | | | | |
| Section | *○○○○* | | | | | | |
| Title | *○○○○* | | | | | | |
| Person in charge of accounting work | *○○ ○○* | | Accounting department name, contact information etc. | |  | | |

\*Add rows as needed in accordance with the number of R&D Co-Investigators, etc.

Academic Background and Professional Appointments of R&D PI

|  |  |
| --- | --- |
| Academic Background  (since University) | ----Example----  <Undergraduate Institution>  yyyy (year of completion): Department of XXXX, YYYY University  <Graduate Institutions>  Master’s Course: yyyy (year of completion): Faculty of WWWW, Department of XXXX, YYYY University  (Supervisor: Prof. Wwww Y. XXXX)[Necessary Information]  Doctor’s Course: yyyy (year of completion): Faculty of WWWW, Department of XXXX, YYYY University  (Supervisor: Prof. Wwww Y. XXXX)[Necessary Information]  Academic Degree: yyyy (year of acquisition): Ph.D. (Field of Specialty) at ZZZZ University  *(Supervisor\*: Professor Wwww Y. XXXX; Head of Laboratory\*: Professor Aaaa B. CCCC)[\*Necessary Information]* |
| Professional Appointments  (Major careers and Fields of R&D) | ---Example----  From yyyy to xxxx: Assistant Professor, Department of Medicine, WWWW University  (working on XXXX at the Laboratory of Professor Aaaa B. CCCC\*)  From yyyy to xxxx: Associate Professor, Department of Medicine, WWWW University  (working on WWWW at the Laboratory of Professor Aaaa B. CCCC\*)  From yyyy to xxxx: Associate Professor, Department of Medicine, WWWW University  (working on WWWW at the Laboratory of Professor Aaaa B. CCCC\*)  *[\*Necessary Information]* |