(Form 6)

　　　　　　　　　　　　　　　　　　　　　　　　　　Accession Number

**Decline Notice for Joint Usage/Research for**

**Research Center for Radiation Disaster Medical Science**

　　　　　　　　　　　　　　　　　　　Date (year/month/date): 　　　/　　　/

　To: The Director of Research Center for Radiation Disaster Medical Science

　　　　　　　　　　　　　Applicant

　　　　　　　　　　　　　Representative's Name:

　　　　　　　　　　　　　Affiliated Organization:

　　　　　　　　　　　　　Affiliated Department:

　Joint Research Title:

　I am withdrawing from this joint research for the following reason(s).

In addition, I am informing that I have gained approval of the resident researcher(s).

Note

1. Declined date

 　year/month/date: / /

2. Reason for declining: