Attachment 2

Radiation Disaster and Medical Science Research Center

Triangle Project – Notification of Changes to Details of Center’s Researchers

Date of submission: / /

To: Director of the Radiation Disaster and Medical Science Research Center Headquarters

　　　　　　　　　　Name of person making report:

　Subject:

　 With regard to the above subject, Research Center researcher details are changed as follows.

　Please note that the agreement of the coordinator and other Research Center researchers has already been obtained.

　□　Deletion of Research Center researcher(s)

|  |  |  |
| --- | --- | --- |
| Name | Affiliation | Remarks |
|  |  |  |
|  |  |  |

　□　Addition of Research Center researcher(s)

|  |  |  |
| --- | --- | --- |
| Name | Affiliation | Remarks |
|  |  |  |
|  |  |  |

　□　Other (please state changes below)