Form 2

**Consulting Sheet Regarding Acquisition and Use of**

**Genetic Resources from Overseas**

 Date (m/d/y)

To the Staff of Department / the Management Office for Research Regulations,

Affiliation

Job Title

Name

Phone

E-mail

 I will consult with you regarding acquisition and use of genetic resources from overseas as follows.

|  |  |
| --- | --- |
| 1. Title of Research |  |
| 2. Outline of Research |  |
| 3. Scheduled Research Period | From m/d/yTo m/d/y |
| 4. Provider Country of the Genetic Resources |  |
| 5. Collaborative Research Institue of the Provider Country | □ Presence　 □ Absence |
| 6. Collaboraters of the Provider Country | □ Presence　 □ Absence |
| 7. Style of Research |  |
| 8. Species Name, Amount, etc.# |  |
| 9. Use of Traditional Knowledge | □ Yes □ No |
| 10. Consultation Matters |  |
| 11. Attached Documents | □ Presence　 □ Absence |
| \* Acceptance Number of Form 1 |  |
| \* Reference Number |  |
| \*\* Reference Number for Management Office |  |

 Please fill in as much as you can understand the situation on the date of submission.

 Items 1 to 6, 8, and 9 are not required when submitting together with Form 1.

 Please change the column size accordingly.

# If there are many, please submit them in a separate table.

\* For Department staffs

\*\* For Management Office for Research Regulations