Notification of alteration to joint researchers

Year

Month

Day

Dean of the Institute of Tropical Medicine, Nagasaki University			
Af	ffiliation/position		
Pr	rincipal investigator	seal	
We hereby not	ify the following alterations.		
We hereby now	ny the following attended in.		

- 1. Research project:
- 2. Reasons for alteration:
- 3. Name of institution of affiliation of altered researcher(s)

	Affiliation	Position	Name
Current			
Previous			