

2025 Application Form for the Research Proposal
for the Microcrystal Electron Diffraction (MicroED)
(Institute for Protein Research, Osaka University)

Applicant Family Name: First Name: Middle name:			Date (Month/Day/Year)		
Position:					
Signature					
Affiliation					
Address					
Tel.			E-mail		
Title of the Experiment					
M e m b e r s	Name	Age • Gender	Affiliation	Position	E-mail
	(including the applicant)				
<p>Abstract (Describe the significance, purpose, features and expected results of the proposed research, including the reason why this MicroED measurement is needed for your research)</p> <p>*() If this is a continuation of a previously awarded research proposal, please indicate by checking the brackets below and providing detailed progress.</p> <p>[Research Progress]</p>					
Name of samples, hazards, safety measures *() Please check here if the preliminary XRD data are available.			Requested Machine time (date etc.)		
Deposition of obtained diffraction data/coordinates to the public archives YES or NO (reason why if selected “NO”)					
As the Director of this applicant’s institute, I hereby permit him/her to submit this application document.					
Name: Signature		Title:		Date:	