### **FACILITY NAME & ADDRESS**

Facility Name	Facility Type	Facility Address
NHO Kinki Chuo Chest Medical Center	Hospital or Medical Center	1180,Nagasone-cho Kita-ku, Sakai, Osaka, Japan, 591-
		8555

### **FACILITY CONTACTS**

Primary FPM?	Name	Email Address	Roles
Yes	FUCHIZAKI, EMIKO	fuchizaki.emiko.za@mail.hosp.go.jp	Facility Profile Manager; Delegation Manager
No	Hirotani, Ikuko	hirotani.ikuko.yd@mail.hosp.go.jp	Facility Profile Manager
No	Nakazawa, Akiko	nakazawa.akiko.um@mail.hosp.go.jp	Facility Profile Manager

#### THERAPEUTIC AREAS & PATIENT POPULATION

Therapeutic Area(s)	
Therapeutic Area	Sub Therapeutic Area
Internal Medicine	Internal Medicine
Oncology	Lung
Bacterial Infections and Mycoses	Bacterial Infections
Bacterial Infections and Mycoses	Infection
Bacterial Infections and Mycoses	Mycoses
Respiratory Tract Diseases	Bronchial Diseases
Respiratory Tract Diseases	Lung Diseases
Respiratory Tract Diseases	Pleural Diseases
Respiratory Tract Diseases	Respiration Disorders
Respiratory Tract Diseases	Respiratory Hypersensitivity
Respiratory Tract Diseases	Respiratory System Abnormalities
Respiratory Tract Diseases	Respiratory Tract Infections
Respiratory Tract Diseases	Respiratory Tract Neoplasms
Respiratory Tract Diseases	Thoracic Diseases
Respiratory Tract Diseases	Tracheal Diseases
Virus Diseases	Bronchiolitis, Viral
Other Areas of Expertise	
Study Phase Capabilities	
Phase I; Phase II; Phase IV	

Adults - Ages 18-64; Geriatrics - Greater than or equal

to 65

Other Facility Details	
Do you have Affiliated Research Sites or Satellite Sites/Clinics? A Satellite Site is a secondary location where the investigator sees clinical trial subjects, usually this is the same investigator who sees subjects at the primary site location.	Yes
What study types does your Facility have experience with?	Industry; Investigator Initiated; Government
Is your Facility affiliated with a government agency or part of a government funded health service?	Yes
Patient Population	

# IRB/ERB/ETHICS COMMITTEE

Patient Population Demographics

**Patient Population Comments** 

General Questions	
What is the average time (in days) to start a study once you have received the regulatory package?	30-60
Does your Facility perform IRB/ERB/Ethics Committee submissions?	Yes
Does your Facility have a Facility or group to perform IRB/ERB/Ethics Committee submissions?	Yes
Department Contact Name	Clinical Trial Office
Department Contact Phone Number	+81-72-252-3021
Department Contact Email Address	409-chiken@mail.hosp.go.jp
Is your Facility able to initiate study activities prior to IRB/ERB/Ethics Committee protocol approval?	No
What types of IRB/ERB/Ethics Committee does your Facility use?	Local; Sponsor Provided Central
Does your institution and/or local regulation mandate the distribution of safety reports [e.g., Development SafetyUpdate Report (DSUR), suspected unexpected serious adverse reaction (SUSAR)] to a local Review only IRB/ERB/Ethics Committee?	Yes
Are there any other steps that the Sponsor should be aware of for your IRB/ERB/Ethics Committee review and submission?	Yes
Other Steps Explain	Details are posted on our website. Clinical trials concerned headquarters of NHO may use NHOCRBNational Hospital Organization Central Review Board.

### LOCAL IRB/ERB/ETHICS COMMITTEE

Local IRB/ERB/Ethics Committee: NHO Kinki Chuo Ch	nest Medical Center Institutional Review Board	
IRB/ERB/Ethics Committee Name		NHO Kinki Chuo Chest Medical Center Institutional
		Review Board
Address		1180, Nagasone-cho Kita-ku, Sakai-city, Osaka, Japan
		591-8555
Registration#		Registering Body
NA		
What is the meeting frequency of the IRB/ERB/Ethics C	Committee?	Monthly
How long before IRB/ERB/Ethics review is the Submiss	ion Packet required?	2 weeks
Does the IRB/ERB/Ethics Committee require payment	prior to release of final approval documents?	No
Does the IRB/ERB/Ethics Committee require contract/b	udget approval prior to release of final approval documents?	? No
LOCAL IRB/ERB/ETHICS COMMITTEE ATTACHMEN	ITS	
Document Type	Document Name	Document Description
No Records		

### **OTHER REVIEW BOARDS**

Lab Certification or Accreditation

Does your Facility have Other Review Boards that need to approve the study prior to IRB/ ERB/Ethics Committee submission? For	
example, scientific, radiation safety committees, or others.	

#### Local Lab

Is your Facility using a Local Lab?		Yes
Local Lab: NHO Kinki Chuo Chest Medical	Center Department of Clinical Laboratory	
Lab Name		NHO Kinki Chuo Chest Medical Center Department of Clinical Laboratory
Lab Contact First Name		
Lab Contact Last Name		
Address		1180, Nagasone-cho Kita-ku, Sakai-city, Osaka, Japan
Phone Number		
Fax Number		
Email Address		
Local Lab Accreditation		Others
Other Local Lab Accreditation		JAMT
Additional Questions		
Does your Facility have a SOP/written proce	edure for documenting bio-specimen (Sample) processing steps/chain of	f custody?
What is the system or tool that the site curre Custody?	ently has or utilizes to document Bio-specimen (Sample) Processing Step	ps/ Chain of
Please indicate tissue collection and proces	ssing capabilities at your site?	
Does your Facility has established processes specimen processing?	es to oversee staff compliance with study-specific lab manual instructions	s for bio-
What are your Facility's capabilities for tissu	ue collection and/or processing (embedding)?	
Are LOINC codes available for the Local La Documentation)	b? (If Yes, you can upload the relevant LOINC list as an attachment in La	ab
Attachments		
Document Type	Document Name	Document Description
Lab Certification or Accreditation	2020年日臨技精度管理調査参加証_03-Jun-2021_00-58- 16_GMT.pdf	
Lab Certification or Accreditation	2020年日臨技精度管理調査報告書_03-Jun-2021_00-58- 38_GMT.pdf	

2021年日臨技精度管理調査参加証\_15-Aug-2022\_07-59-

2021年日臨技精度管理調査報告書\_15-Aug-2022\_08-01-

2023年日臨技精度管理調査参加証\_21-Jun-2024\_01-33-

日臨技臨床検査精度管理調査2024\_30-Jun-2025\_02-35-

2023年日臨技精度管理調査報告書オリジナル\_21-Jun-2024\_01-

日臨技臨床検査精度管理調査参加証2024年度\_30-Jun-2025\_02-

35\_GMT.pdf

03\_GMT.pdf

08\_GMT.pdf

40\_GMT.pdf

33-56\_GMT.pdf

35-21\_GMT.pdf

# **CONSENT & TRAINING**

Consent	
Does your Facility have a written SOP/Policy/Procedure for: Informed Consent?	Yes
Does your Facility have a written SOP/Policy/Procedure for: Minor Assent for Pediatric Populations?	No
Does your Facility have a written SOP/Policy/Procedure for: Other Vulnerable Populations?	No
Will your Facility require language translations for consents?	Yes
Select the required languages	Japanese
If located in the US, has your Facility used or are you able to use the informed consent short form?	Not Applicable
Training	
Does your Facility have a training program for the research staff?	Yes
Does the course content include GCP?	Yes
Does your Facility use an external program to conduct research training?	Yes
Please provide program course name.	eAPRIN
Do you have a process or program in place to retrain research staff when a protocol is amended?	Yes
Does the study staff that prepares or transports dangerous goods have training that meets the IATA International Air Transport Association (US) or other countries hazardous training requirements for shipping dangerous goods?	No

# **FACILITY & EQUIPMENT**

TAGILITI & EQUII MENT	
Facility Capabilities	
Can your Facility support patient visits on weekends?	Yes
Can your Facility support in-patient admissions for research studies?	Yes
Does your study staff have sufficient English knowledge to understand communications in English?	No
Does your Facility have access to translators and translation support for trial conduct (e.g. consent, trial specific instruction)?	Yes
Does the Facility have storage space for Study-Related materials (e.g. Lab Kits, Patient Materials, etc.)?	Yes
Is the lab kit storage space able to support early phase studies which may require an increased number of kits?	Yes
Does your Facility have the ability to collect and store PK/PD specimens?	Yes
Does your Facility have the ability to collect PK/PD samples beyond normal business hours?	Yes
Does your Facility typically allow the collection of Pharmacogenomic (PGX) samples for research purposes?	Yes
Equipment	
Identify the Diagnostic Equipment available at or near the Facility to support Research studies?	Computerized Tomography Scan; Dual-Energy X-ray Absorptiometry or Bone Densitometry; Magnetic Resonance Imaging; Positron Emission Tomography Scan; X-Radiation; Nuclear Medicine (e.g.Bone scan,Thyroid scan,Thallium cardiac stress test); Electrocardiogram
General Equipment	
Does your Facility have an SOP or process that ensures routine calibration and maintenancof general equipment? Examples of general equipment include: scale, pulse oximeter, stadiometer, sphymomanomer, etc.?	Yes
Does your Facility have the necessary equipment to treat medical emergencies (ie. code cart)?	Yes
Identify the equipment available at the Facility to support Research studies?	Refrigerated Centrifuge; Centrifuge; Refrigerator (2 to 8 Degrees C); Freezer (-20 to -30 Degrees C); Freezer (-70 to -80 Degrees C)

Attach Your BCP or SOP  Document Type	Document Name D	ocument Description
processes will be performed during a crisis a	t your Facility'?	
	Plan (BCP) to protect essential business operations which describes how those	Yes
Business Continuity Plan		· 
Does your Facility prohibit the use of an exte device)?	rnal USB device (e.g. to download and send data from a temperature monitoring	No
Does the Facility have access to local IT sup	•	Yes
Does your Facility limit or prohibit access and submit documents to sponsors or CROs)	d use of external web-based tools or sites for clinical research? (e.g. web portals to	No
What type of internet access does your Facil	•	Cable or DSL; Wi-Fi
What type of computer operating system(s) of	does your institution use to support studies?	Windows (Windows XP, Windows 7, Windows 8, etc.
Does your Facility have computers which are	e dedicated to research studies?	Yes
Computer Capabilities		
Do you have an SOP which supports calibra	tion of this equipment?	Yes
Does this equipment have a temperature ala	rm?	Yes
Does this equipment have back-up power?		Yes
How frequently can temperature measureme	nt occur? Check the most frequent measurement your equipment can support.	By Minute
Does this equipment provide Min/Max Temp		Yes
Do you have the ability to generate a temper		Yes
Equipment Capabilities: Refrigerator (-70 to		
Do you have an SOP which supports calibra		Yes
Does this equipment have a temperature ala	rm?	Yes
Does this equipment have back-up power?	nic decar. Check and meet medicant medicar diment year equipment can eapper a	Yes
	ont occur? Check the most frequent measurement your equipment can support.	By Minute
Does this equipment provide Min/Max Tempor		Yes
<b>Equipment Capabilities: Freezer (-20 to -30</b> Do you have the ability to generate a temper	•	Yes
Do you have an SOP which supports calibrate		Yes
Does this equipment have a temperature ala		Yes
Does this equipment have back-up power?		Yes
· · · · · · · · · · · · · · · · · · ·	quently can temperature measurement occur? Check the most frequent measurement your equipment can support.	
es this equipment provide Min/Max Temperature Monitoring?		Yes By Minute
	ature monitoring log for this equipment?	Yes

# INVESTIGATIONAL PRODUCT & CONTROLLED SUBSTANCES

Investigational Product Shipping Details				
IP Recipient Name	Address	Email Address	Phone Number	Fax Number
NHO Kinki Chuo Chest Medical	1180, Nagasone-cho Kita-ku,		+81-72-252-3021	+81-72-252-1313
Center	pharmaceutical department, Sakai-			
	city, Osaka, Japan, 591-8555			

Investigational Product Storage Location									
IP Storage Location Name	Address	Email Address	Phone Number	Fax Number					
pharmaceutical department	1180, Nagasone-cho Kita-ku, pharmaceutical department, Sakai- city, Osaka, Japan, 591-8555		+81-72-252-3021	+81-72-252-1313					

City, Osaka, Japan, 331-0000			
Investigational Product Storage Equipment			
Identify the Investigational Product Storage Equipment at your Facility	Refrigerator (2 to 8 Degrees C)		
Equipment Capabilities: Refrigerator (2 to 8 Degrees C)			
Do you have the ability to generate a temperature monitoring log for this equipment?	Yes		
Does this equipment provide Min/Max Temperature Monitoring?	Yes		
How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.	By Minute		
Does this equipment have back-up power?	Yes		
Does this equipment have a temperature alarm?	Yes		
Do you have an SOP which supports calibration of this equipment?	Yes		
Investigational Product Storage And Handling			
Is the Investigational Product Storage Room secured with controlled access?	Yes		
Do you have the ability to generate a temperature monitoring log for this Investigational Product Storage Room?	Yes		
Does the Investigational Product Storage Room provide Min/Max temperature monitoring?	Yes		
Does the Investigational Product Storage Room have back-up power?	Yes		
Does the Investigational Product Storage Room have a temperature alarm?	Yes		
Do you have an SOP which supports calibration of this equipment?	Yes		
Does your Facility have the ability to manage on-site or off-site destruction of Investigational Product?	Yes		
Does your Facility have a written SOP/Policy/Procedure for destruction of Investigational Product?	Yes		
Do you provide your Satellite Site(s) with a dedicated inventory of Investigational Product?	No		
Does your Facility have a written SOP/Policy/Procedure to ensure that Investigational Product is appropriately maintained during transportation to Satellite Site(s)?	Not Applicable		
Describe additional Investigational Product Storage And Handling Capabilities			
Preparation and Administration Of Investigational Product			
Identify the Investigational Product preparation capabilities at your Facility	Extemporaneous Preparation; Vertical laminar flow hood (chemo/hazardous drugs)		
Is your Facility capable of administering infusions?	Yes		
Is your Facility adequately staffed to support studies with both blinded and un-blinded Investigational Product?	Yes		
Controlled Substances			
Does the Facility have the required licenses or registrations to receive, store, dispense and return controlled substances as required by local law?	Yes		
Is the storage area for controlled substances securely constructed with restricted access in accordance with local law?	Yes		
Does the Facility have the ability to handle radio-labelled Investigational Product?	Yes		
Does your Facility have the ability to manage on-site or off-site destruction of controlled substances when appropriate?	Yes		

Attachments									
Document Type	Document Name	Document Description							
No Records									

### **SOURCE DOCUMENTATION & REMOTE MONITORING**

Source Documents	
What type of source documents will be used?	Paper; Electronic
Does your Facility have secure storage for patient records?	Yes
Does your Facility have patient record archiving on-site?	Yes
What type of investigator site file/regulatory binder used (select all that apply)	
Please list any access limitations/ requirements for eISF/eReg	
Electronic Medical Records (EMR) / Electronic Health Records (EHR)	
Do you have Electronic Health Records (EHR)/ Electronic Medical Records (EMR)?	Yes
What EMR/EHR system do you use?	Other
For Facilities with satellite sites, where is the monitor required to access source documents?	Main Facility Only
Please list any access limitations/requirements for the Electronic Medical Records.	
Do you work with a vendor that can electronically exchange data for clinical research from the EHR/EMR?	No
Do you have institutional approval to export data from the EHR/EMR for the clinical research?	No
Are monitors able to access EHR/EMR while off site?	No
Does your Facility require Sponsor representative to sign any local form (paper or electronic) for access, or any other purpose?	No

Monitoring										
Check all equipment that will be available to Monitors:	Fax; Copy Machines									
What Electronic Data Capture (EDC) systems has your staff to	Oracle Inform; Medidata Rave; Oracle RDC Remote Data Capture									
Does your site/institution and/or local regulations allow remote monitoring?	e source data verification of study participant data to support re	mote No								
Attachments	Attachments									
Document Type	Document Name	Occument Description								

No Records

### **ADDITIONAL LOCATIONS**

Additional Locations

Add any addresses you wish to be available in the Study Site Profile. These addresses will be available for selection in the following sections of the Study Site Profile -Additional Study Locations - These addresses can be added to your FDA Form 1572, if applicable.

Location Name	Contact Name	Address	Phone Number	Fax Number	E-mail Address
No Records					

### **ADDITIONAL INFORMATION & ATTACHMENTS**

Additiona	rmation	ļ												
	 				 	 	_	 -	 -		_		-	

Please provide additional information not captured in other sections of the Facility Profile that you feel is important for Sponsors to know about your site. Please reference the section name if applicable.

Facility Attachments								
Document Type	Document Name	Document Description						
No Records								

#### **ORGANIZATION AFFILIATIONS**

Organization Affiliations									
The Organization (s) that requested Affiliation with your Facility are listed below with Affiliation Status									
Organization Name and Address	Organization Affiliation Type	Organization Affiliation Status	Status Date						
No Records		1							

### ASSOCIATED SITE USERS

### **Associated Site Users**

Once checked, this checkbox will enable the Approval/Rejection workflow for this Facility. Any site user requesting to associate with this Facility would require to send the affiliation requests and only once Approved, this Facility will be shown on User's Profile.

Site User Association Requests										
Name	E-mail Address	Request Affiliation Date	Affiliation Status change Date	Affiliation Status						
No Records										

Associated/Confirmed Site	Associated/Confirmed Site Users									
Name	E-mail Address	Request Affiliation Date	Affiliation Status change Date	Affiliation Status						
Kurahara,Yu	kurahara.yu.uf@mail.hosp.go.jp	28-Jul-2022	28-Jul-2022	Confirmed						
Takata,misa	takata.misa.dp@mail.hosp.go.jp	13-Jul-2022	13-Jul-2022	Confirmed						
Abe,Masaki	abe.masaki.dx@mail.hosp.go.jp	30-Jun-2023	30-Jun-2023	Confirmed						
Oshita,Kazuki	oshita.kazuki.xa@mail.hosp.go.jp	25-Jun-2025		Confirmed						
Mori,Mika	mori.mika.gb@mail.hosp.go.jp	23-Mar-2023	23-Mar-2023	Confirmed						
FUCHIZAKI,EMIKO	fuchizaki.emiko.za@mail.hosp.go	07-Apr-2023	30-Jun-2025	Confirmed						
Sugimoto,Eiji	sugimoto.eiji.uk@mail.hosp.go.jp	24-May-2023		Confirmed						
Nakazawa,Akiko	nakazawa.akiko.um@mail.hosp.g	26-Sep-2019	11-May-2021	Confirmed						
Inoue,Yoshikazu	giichiyi@me.com	14-Feb-2020		Confirmed						
Atagi,Shinji	atagi.shinji.pn@mail.hosp.go.jp	06-Apr-2020	06-Apr-2020	Confirmed						

Name	E-mail Address	Request Affiliation Date	Affiliation Status change Date	Affiliation Status
Sugimoto,Eri	sugimoto.eri@neues.co.jp	10-Jul-2020	15-Jul-2020	Confirmed
Katayama,Kanako	katayama.kanako.jf@mail.hosp.g o.jp	15-Jul-2020		Confirmed
Shintani,Sayoko	tokura.sayoko.ky@mail.hosp.go.j	18-Jul-2020		Confirmed
Nakamura, Yukihiro	nakamura.yukihiro.jx@mail.hosp. go.jp	17-Jul-2020	23-Sep-2021	Confirmed
Inagaki,Yuji	inagaki.yuji.vr@mail.hosp.go.jp	20-Jul-2020		Confirmed
Takeuchi,Naoko	takeuchi.naoko.hb@mail.hosp.go.	23-Jul-2020		Confirmed
Nakao,Keiko	nakao.keiko.uh@mail.hosp.go.jp	21-Jul-2020		Confirmed
Okishio,Kyoichi	okishio.kyoichi.hj@mail.hosp.go.j	13-Jul-2020	23-Mar-2022	Confirmed
Saijo,Nobuhiko	saijo.nobuhiko.vw@mail.hosp.go.j	15-Jul-2020		Confirmed
Watanabe,Shinya	watanabe.shinya@neues.co.jp	14-Jul-2020		Confirmed
Ootsuka,Minako	ootsuka.minako@neues.co.jp	24-Jul-2020		Confirmed
Kagawa,Tomoko	kagawa.tomoko.qw@mail.hosp.g o.jp	21-Jul-2020		Confirmed
Takimoto,Takayuki	takimoto.takayuki.ra@mail.hosp.g	22-Jul-2020		Confirmed
Matsumoto,Kinnosuke	matsumoto.kinnosuke.hz@mail.h	21-Jul-2020		Confirmed
Matsuda, Yoshinobu	matsuda.yoshinobu.tx@mail.hosp .go.jp	10-Jul-2020	24-Sep-2020	Confirmed
Kato,Miyo	kato.miyo@neues.co.jp	10-Jul-2020	10-Jul-2020	Confirmed
Tamiya,Akihiro	tamiya.akihiro.tz@mail.hosp.go.jp	21-Jul-2020	21-Jul-2020	Confirmed
Taniguchi,Yoshihiko	taniguchi.yoshihiko.ny@mail.hosp	24-Jul-2020		Confirmed
Minomo,Shojiro	minomo.shojiro.mh@mail.hosp.g o.jp	21-Jul-2020		Confirmed
Babazono,Mari	babazono.mari.yc@mail.hosp.go.j	30-Jul-2020		Confirmed
Hirotani,Ikuko	hirotani.ikuko.yd@mail.hosp.go.jp	28-Jul-2020	21-Jun-2024	Confirmed
Kobayashi,Takehiko	kobayashi.takehiko.vz@mail.hosp	27-Jul-2020		Confirmed
Sekiguchi,Tomohiro	sekiguchi.tomohiro.un@mail.hosp	28-Jul-2020		Confirmed
Tobita,Satoshi	tobita.satoshi.zs@mail.hosp.go.jp	31-Jul-2020	31-Jul-2020	Confirmed
Okamori,Hitoomi	okamori.hitomi.hj@mail.hosp.go.j	31-Jul-2020	31-Jul-2020	Confirmed
Murakami, Yusuke	muray@wakayama-med.ac.jp	27-Jul-2020	24-Jun-2021	Confirmed
Ishiyama,Kaoru	ishiyama.kaoru.uz@mail.hosp.go.	29-Jul-2020	05-Apr-2021	Confirmed

Name	E-mail Address	Request Affiliation Date	Affiliation Status change Date	Affiliation Status
Ohyama,Kaoru	ooyama.kaoru.wa@mail.hosp.go.j	28-Jul-2020	28-Jul-2020	Confirmed
Arai,Toru	toarai1333315@gmail.com	30-Sep-2020	20-Dec-2022	Confirmed
Suzuki,Katsuhiro	suzuki.katsuhiro.uk@mail.hosp.g	29-Sep-2020		Confirmed
Tsuyuguchi,Kazunari	tsuyuguchi.kazunari.ky@mail.hos p.go.jp	30-Sep-2020	08-Dec-2020	Confirmed
Tachibana,Kazunobu	tachibana.kazunobu.bk@mail.hos	01-Oct-2020		Confirmed
Sugawara,Reiko	sugawara.reiko.ar@mail.hosp.go.	01-Oct-2020		Confirmed
Nakasuji,Chika	nakasuji.chika.jn@mail.hosp.go.jp	24-Sep-2020	15-Aug-2022	Confirmed
Tanimoto,Yoko	tanimoto.yoko.sx@mail.hosp.go.j	12-Nov-2020		Confirmed
Matsumura,Aya	matsumura.aya.nm@mail.hosp.g	25-Nov-2020	25-Nov-2020	Confirmed
Minamino,Yuko	o.jp minamino.yuko.qv@mail.hosp.go.	25-Nov-2020	25-Nov-2020	Confirmed
Yoon,Hyungeun	in.kiyohiko.kd@mail.hosp.go.jp	25-Nov-2020		Confirmed
Nakanishi,Ayako	nakanishi.ayako.wm@mail.hosp.	18-Nov-2020	18-Nov-2020	Confirmed
Semura,Yuka	go.jp semura.yuka@neues.co.jp	05-Nov-2020		Confirmed
Yagi,Yuriko	yagi.yuriko.er@mail.hosp.go.jp	20-Nov-2020		Confirmed
Matsushima,Risa	matsushima.risa279@eps.co.jp	09-Nov-2020	26-Nov-2020	Confirmed
Yasui,Minori	yasui.minori.zu@mail.hosp.go.jp	20-Nov-2020	24-Mar-2023	Confirmed
Kojima,Kensuke	kojima.kensuke.uf@mail.hosp.go.	25-Nov-2020	25-Nov-2020	Confirmed
Namba,Yoshinobu	nambayoshi@aol.com	18-Nov-2020	16-Dec-2021	Confirmed
Fujiwara,Ayako	fujiwara.ayako.uh@mail.hosp.go.j	20-Nov-2020	20-Nov-2020	Confirmed
Sakamoto,Tetsuki	sakamoto.tetsuki.fs@mail.hosp.g o.jp	20-Nov-2020		Confirmed
Sakurai,Teiko	sakurai.teiko.rq@mail.hosp.go.jp	24-Nov-2020		Confirmed
MIYAJI,YASUKO	miyaji.yasuko.zf@mail.hosp.go.jp	25-Dec-2020		Confirmed
Shimada,Saori	shimada.saori838@eps.co.jp	16-Feb-2021	16-Feb-2021	Confirmed
Moriyama,Hidemi	moriyama.hidemi595@eps.co.jp	12-Feb-2021	12-Feb-2021	Confirmed
Tsujimoto,Yukie	tsujimoto.yukie.qz@mail.hosp.go.	14-Apr-2021	21-Jun-2024	Confirmed
Kawakami,Mayu	kawakami.mayu.ey@mail.hosp.g	21-May-2021	21-May-2021	Confirmed
Ueda,Yoshie	ueda.yoshie916@eps.co.jp	21-May-2021		Confirmed

Name	E-mail Address	Request Affiliation Date	Affiliation Status change Date	Affiliation Status
Moda,Mitsuhiro	moda.mitsuhiro.qy@mail.hosp.go	08-Jun-2021	08-Jun-2021	Confirmed
Shintani,Ryota	shintani.ryota.zx@mail.hosp.go.jp	25-May-2021		Confirmed
OSAKI,MEGUMU	oosaki.megumu.vm@mail.hosp.g	04-Jun-2021	26-Jun-2021	Confirmed
Shimaya,Minako	shimaya.minako.uy@mail.hosp.g	21-May-2021	21-May-2021	Confirmed
Okabe,Eri	okabe.eri.bu@mail.hosp.go.jp	03-Jun-2021	03-Jun-2021	Confirmed
Ryuge,Misaki	ryuge.misaki.vs@mail.hosp.go.jp	23-Sep-2021	23-Sep-2021	Confirmed
Tokunaga,Toshiteru	tokunaga.toshiteru.dg@mail.hosp .go.jp	24-Sep-2021	24-Sep-2021	Confirmed
Tanaka,Yuu	tanaka.yu.zt@mail.hosp.go.jp	04-Oct-2021	11-Apr-2023	Confirmed
NAkatani,Ayako	nakatani.ayako868@eps.co.jp	23-Nov-2021		Confirmed
Sakai,Misae	sakai.misae.qh@mail.hosp.go.jp	08-Mar-2022		Confirmed
Yasueda,Junko	yasueda.junko.az@mail.hosp.go.j	15-Apr-2022		Confirmed
Kanaoka,Kensuke	kanaoka.kensuke.qg@mail.hosp.	25-May-2022		Confirmed
Yanagisawa,Atsushi	yanagisawa.atsushi.ry@mail.hos p.go.jp	25-May-2022		Confirmed
Nishihara,Takashi	nishihara.takashi.kr@mail.hosp.g	09-Jun-2022		Confirmed
Sugimoto,Hiroshi	sugimoto.hiroshi.nr@mail.hosp.g	08-Jun-2022		Confirmed
Tanaka,Sarasa	tanaka.sarasa259@eps.co.jp	15-Jun-2022		Confirmed
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