Date

　　(Month, Day, Year)

Director Tetsuo Endoh

Center for Innovative Integrated Electronic Systems

Tohoku University

Consent Form

I consent the corroborative research as following:

１．Project Leader

Affiliation・Position

Name

２．Research Title

３．Research Period

From the result announcement through March 31, 2019

Affiliation representative

(Signature)

(Printed name)

Affiliation

Address