**【Form 2】**

Date:

**Letter of Consent**

To: Director, Center for Animal Disease Control, Miyazaki University

Affiliated Institution: [Enter institution name]

Head of Institution: [Enter name]

(Signature)

Address: [Enter address]

e-mail: [Enter e-mail address]

We hereby consent to the implementation of the joint research project as described below.

**Details**

1. **Principal Investigator**

　　Name: [Enter name]

　　Affiliation: [Enter department/institution]

　　Title/Position: [Enter title]

1. **Research Title**

　　"[Enter research project title]"

1. **Research Period**

　　From: April 1, 2026

　　To: [Enter date]