



National Cancer Center Japan

Visit application

Your personal information			
* Full name as it appears on your passport. Please do not use initials.			
Family name(s)	Tsukiji	Given name(s)	Thomas
Birth date (YYYY/MM/DD)	5 May 1992	Sex	male
E-mail	****@hospital.com		
Nationality	Japaneses		



Your latest appointment in home country			
* If affiliated with multiple organizations, please enter the primary one.			
Position title (Director, Attending, Resident, others)	Fellow	Type of occupation (Doctor, Nurse, Clinical trainee, Researcher, Others)	Doctor
Name of organization	Tsukiji Memorial Hospital		
Workplace phone	81300000000		
Workplace address	0-0-0 Tsukiji, Chuo-ku, Tokyo 104-0000, Japan		
Dates employed (YYYY/MM/DD)	From	1 April 2016	To Current
Website URL of the affiliated organization	https://www.****.jp		

Visit plan to NCC			
NCC host hospital/unit	Hospital (Tsukiji)	Department / Division	Gastric Surgery
Your NCC supervisor(s)	Gastric Surgery		
Planned NCC visit dates (YYYY/MM/DD)	From	5 October 2026	To 5 October 2026
Irregular attendance notes			
Objectives * Be specific what you want to learn/ research. * Do not exceed the column	I would like to learn current diagnostic approaches for gastric cancer, including endoscopic and imaging techniques. It includes for •Surgical treatment strategies.... •Perioperative patient management.... •Multidisciplinary decision-making processes.... •Quality and safety standards		

Financial resources for your visit	
Name of Grant/Fund	I will cover all my expenes myself

Emergency contact in home country			
* Next of kin/relative/close friend we can contact in event of emergency			
Name	Kevin Tsukiji	Address	0-0-0 Kawasaki, Kanagawa 215-0013, Japan
E-mail	****@gmail.com	Phone	81300000000

*Use of provided information will be strictly limited to coordinating visits, or evaluating applications. The information will be protected from all, excluding those directly involved in hosting. Your kind understanding is much appreciated.

*Typed forms only please, handwritten forms are not accepted.

Confidentiality/Behavior Agreement

Confidentiality

I understand that the National Cancer Center, Japan (NCC) has the legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Therefore, I agree not to disclose any patient health information or NCC operational information that is not publicly available, including:

- Name, birth date, consultation dates, contact information (address, phone number, e-mail address etc.)
- Patient-specific numbers, i.e. social insurance, medical records, patient images (regardless of facial inclusion)

I will not release any such personal or operational information to third parties during or after my visit(s), except in the following cases:

- Information already in my possession prior to the visit(s)
- Information made available to the public after the visit(s) without my involvement

Behavior

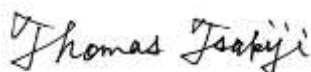
I understand that the following behavior is expected to all visitors to NCC:

- Abiding by Japanese law and all rules and regulations, including those related to infection control set by the Ministry of Health, Labour and Welfare and relevant authorities
- Following all NCC-specific rules and instructions provided by my host and/or supervisor, including department-specific and infection control measures
- Refraining from speaking/acting disrespectfully to any individual, and from abusive or inappropriate behavior
- Avoiding discrimination based on race, gender, place of origin, age, disability/impairment, citizenship, family status or religion
- Limiting access only to areas explicitly permitted by NCC staff, i.e. surgical room in use by my host department
- Refraining from taking photographs/recordings without prior permission

I agree that any failure to comply with the above terms, or knowingly engaging in inappropriate behavior detrimental to NCC, may result in the immediate termination of my visit.

With my signature below, I certify that information provided on this application form is correct and that I agree to the terms outlined above.

Handwritten signature:



Date:(YYYY/MM/DD) 9 January 2026

Note: PDF submission is acceptable.

Immunity verification

Name	Tsukiji	Thomas	Birth Date	1992/5/5
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All visitors to NCCJ are required to provide either certificates of two doses each of the measles, rubella, mumps, and varicella vaccines, or positive antibody test results.

Please follow the questions below and fill in the yellow cells.

Do you have vaccination certificates or antibody test results for measles, rubella, mumps, and chickenpox?

Please select one option that applies to your situation from the two choices.

Measles(rubeola)	I have a positive antibody test result.
Rubella	I have a positive antibody test result.
Mumps	I have a positive antibody test result.
Varicella(Chickenpox)	I have a certificate for two doses of vaccination.

Please enter the vaccination date in the yellow cells.

Vaccinations	Measles(rubeola)	Rubella	Mumps	Chickenpox (varicella)
	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Date of the first vaccination				2025/11/1
Date of second vaccination				2025/12/8
Number (Automatically entered)	0 <u>times</u>	0 <u>times</u>	0 <u>times</u>	2 <u>times</u>

Please enter the antibody titer and date in the yellow cells.

Enzyme Immunoassay Results (EIA-IgG)	Measles(rubeola)	Rubella	Mumps	Chickenpox (varicella)
	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
Date of Test	2025/10/1	2025/10/1	2025/10/1	
Antibody Titer: positive/negative (only if EIA unavailable)	Positive	Positive	Positive	
Required:	>= EIA 16.0	>= EIA 8.0	>= EIA 4.0	>= EIA 4.0

If there are no more yellow cells, it's complete. Thank you.

Surgical center entry application

Tsukiji surgical visitors only

To: the Director, National Cancer Center Hospital

Applicant Information

Name (Family name Given name)	Tsukiji	Thomas
Name of organization	Tsukiji Memorial Hospital	
Work address	0-0-0 Tsukiji, Chuo-ku, Tokyo 104-0000, Japan	
Type of Occupation	Doctor	

NCC Visit Information

Start date	5 October 2026
Final date	5 October 2026
Department / Division	Gastric Surgery
NCC Supervisor	Gastric Surgery
Objectives	<p>I would like to learn current diagnostic approaches for gastric cancer, including endoscopic and imaging techniques. It includes for</p> <ul style="list-style-type: none">•Surgical treatment strategies....•Perioperative patient management....•Multidisciplinary decision-making processes.....•Quality and safety standards

1. All confidential information I am exposed to during the visit will not be disclosed after the completion of the visit.
2. I shall enter only the surgical room used by my host department with an explicit permit.
3. Should I be found in unauthorized areas, I agree to terminate my visit to NCC immediately and leave the premises.
4. I shall follow guidance from my supervisor(s) and hosts at all times during my visit and will only act as permitted.