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| 第１号様式（第１面） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日  　　台東区台東保健所長　殿  　　　　　　　　　　　　　　　　開設者　　住　所    氏　名  　　電話番号　　　　（　　　　）  　　 FAX番号　　 　（　　　　）  　　　 　　　 法人にあっては、名称、主たる事務所の  　　　　　　　　　　　　　　　　　　　　　　　 　　　　所在地及び代表者氏名  診　療　所　開　設　許　可　申　請　書  診療所の開設の許可を受けたいので、医療法第７条第１項の規定により、下記のとおり申請します。  記 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ふ　　り　　が　　な  １　名　　　　　　　称 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　開　設　の　場　所 | | | | | | | | | | | | | | | | | | | | | | | | 台東区  電話番号　　　（　　　）　　　　FAX番号　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　診　療　科　目 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４　開　設　の　目　的 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　維　持　の　方　法 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ６　開設予定年月 | | | | | | | | | | | | | | | | | | | | | | | | 上  年　　　　　月　　　　　　　中　　　　　旬  　　　　　　　　　　　　　　　　　　　　下 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ７　従 事 者 定 員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医    師 | | 薬  剤  師 | | | 看  護  師 | | 准  看  護  師 | | 助  産  師 | | | 診療放射線技師 | | | | | 看  護  補  助  者 | | | | | 事  務  員 | | |  | | | |  | |  | | | | |  | | | | |  | | | | | |  | |  | | 歯科医師 | | | 歯科衛生士 | | | | | 歯科技工士 | | | | |  | |  | | | | | |  | | 計 | |
|  | |  | | |  | |  | |  | | |  | | | | |  | | | | |  | | |  | | | |  | |  | | | | |  | | | | |  | | | | | |  | |  | |  | | |  | | | | |  | | | | |  | |  | | | | | |  | | 名 | |
| ８　敷地の面積　　　　　　　　　　　　　　　　　　　　　㎡（平面図は、別添のとおり） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ９　交通機関及び敷地周囲の案内図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 交　通　機　関 | | | | | | | | | | | | | | 線　　　　　　　　駅下車　　　　　　口徒歩　　　分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 駅　　　　口からバス（　　　　行）　　　　下車徒歩　　分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 敷地の条件 | | | | | | | | | | | | | | 用途地域 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 防火地域 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 案　　内　　図 | | | | | | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １０　建物の構造概要及び平面図  （第２面） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建　物　別　の　名　称 | | | | | | | | | | | | | | | | | | | | | 構　　　　造　　　　概　　　　要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 建 築 面 積 | | | | | | | | | | | | | | | 延　面　積 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | 造　　　　階建て | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | ㎡ | | | | |
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| 住宅と併設の場合又はビルディングの一部を使用する場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住宅と併設の場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 造　　　階建てのうち  　　階　　　　　　　㎡使用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ビルディングの一部を使用する場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 造　　 階建てのうち  　　階　　　　号室　　　　　　㎡使用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平面図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １１　廊下の幅 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建 物 別 の 名 称 | | | | | | | | | | | | | | | 片側廊下 | | | | | | | | | | | | | 中　廊　下 | | | | | | | | | | | 建 物 の 名 称 | | | | | | | | | | | | | | | | 片側廊下 | | | | | | | | | | | | | | 中　廊　下 | | | | | | |
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| １２　２階以上に病室を有する建物別の階段数及びその構造 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建　物　別  の　名　称 | | | | | | | | | | | 患者の使用する屋内直通階段 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 病室の  あ　る  最上階 | | | | | | | | | | | | | 避難階段の　　数 | | | | | | | 備　考 |
| 用途 | | | | | | | | | 幅 | | | | | | | 踊り場の幅 | | | | | | け上げ | | | | | | | | | 踏面 | | | | | | | | 手すりの有無 | | | | |
|  | | | | | | | | | | |  | | | | | | | | | ｍ | | | | | | | ｍ | | | | | | ㎝ | | | | | | | | | ㎝ | | | | | | | |  | | | | | 階 | | | | | | | | | | | | | 階  から地上まで  箇所 | | | | | | |  |
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|  | | | | | | | | | | | エレベ－タの有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 有　・　無 | | | | | | | | | | | | | | | | | | | |  |
| １３　病室の構造概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 棟別 | | | 階別 | | | | | 病室  番号 | | | | | | 病床  種別 | | | | | | | | | １室の  病床数 | | | | | | | １室の  床面積 | | | | | | | | １人当たり床面積 | | | | | | | | | | | | １室の　採光面積 | | | | | | | １　室　の　　直接外気　開放面積 | | | | | | | | | | | | | 天井の 高 さ | | | | | 換気の 方 法 |
|  | | | 階 | | | | |  | | | | | |  | | | | | | | | | 床 | | | | | | | ㎡ | | | | | | | | ㎡ | | | | | | | | | | | | ㎡ | | | | | | | ㎡ | | | | | | | | | | | | | ｍ | | | | |  |
|  | | | 階 | | | | |  | | | | | |  | | | | | | | | | 床 | | | | | | | ㎡ | | | | | | | | ㎡ | | | | | | | | | | | | ㎡ | | | | | | | ㎡ | | | | | | | | | | | | | ｍ | | | | |  |
|  | | | 階 | | | | |  | | | | | |  | | | | | | | | | 床 | | | | | | | ㎡ | | | | | | | | ㎡ | | | | | | | | | | | | ㎡ | | | | | | | ㎡ | | | | | | | | | | | | | ｍ | | | | |  |
|  | | | 階 | | | | |  | | | | | |  | | | | | | | | | 床 | | | | | | | ㎡ | | | | | | | | ㎡ | | | | | | | | | | | | ㎡ | | | | | | | ㎡ | | | | | | | | | | | | | ｍ | | | | |  |
|  | | | 階 | | | | |  | | | | | |  | | | | | | | | | 床 | | | | | | | ㎡ | | | | | | | | ㎡ | | | | | | | | | | | | ㎡ | | | | | | | ㎡ | | | | | | | | | | | | | ｍ | | | | |  |
|  | | | 階 | | | | |  | | | | | |  | | | | | | | | | 床 | | | | | | | ㎡ | | | | | | | | ㎡ | | | | | | | | | | | | ㎡ | | | | | | | ㎡ | | | | | | | | | | | | | ｍ | | | | |  |
| １４　診察室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診察室名  （第３面）  ） | | | | | | | | | | 室　面　積 | | | | | | | | | | | | | | 処置室兼用の場合は、  その部分の面積 | | | | | | | | | | | | | | | | | | | | | 診察室名 | | | | | | | | 室　面　積 | | | | | | | | | | | | | | 処置室兼用の場合は、  その部分の面積 | | | | | | | | |
| 科 | | | | | | | | | | ㎡ | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | 科 | | | | | | | | ㎡ | | | | | | | | | | | | | | ㎡ | | | | | | | | |
| 科 | | | | | | | | | | ㎡ | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | 科 | | | | | | | | ㎡ | | | | | | | | | | | | | | ㎡ | | | | | | | | |
| １５　処置室（診療室兼用の場合を除く。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処　置　室　名 | | | | | | | | | | | | | | | | | | | | | 室　　面　　積 | | | | | | | | | | | | | | | | | | | | | | | | 処　置　室　名 | | | | | | | | | | | | | | | | | 室　　面　　積 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |
| １６　歯科治療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室　　面　　積 | | | | | | | | | | | | | | | | | | | | | 治　療　い　す | | | | | | | | | | | | | | | | | | | | | | | | 防　火　設　備 | | | | | | | | | | | | | | | | | | その他必要な設備 | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | | 台 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| １７　歯科技工室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室　　面　　積 | | | | | | | | | | | | | | | | | | | | | 防　じ　ん　設　備 | | | | | | | | | | | | | | | | | | | 防　火　設　備 | | | | | | | | | | | | | | | | | | | | その他必要な設備 | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| １８　検査室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　　　　称 | | | | | | | | | | | | | | | | | | | | | 室　　面　　積 | | | | | | | | | | | | | | 防　火　設　備 | | | | | | | | | | | | | | | | | 検　査　器　具　、　器　械　等 | | | | | | | | | | | | | | | | | | | | | | | |
| 臨　床　検　査　室 | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| １９　調剤所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室　　面　　積 | | | | | | | | | | | | | | | | | | | かぎのかかる  貯蔵設備 | | | | | | | | | | | | | | | 冷暗所の  有　　無 | | | | | | | | | | | | | | 備付けてんびん | | | | | | | | | | | | | | | | | 備　　　　考 | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 台  １０㎎  感量５００㎎  　　台  　　　 　　㎎ 　 台 | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| ２０　手術室及び準備室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区　　　　分 | | | | | | | | | | | | | 面　　積 | | | | | | | | | | | | | | 構　　　　　　造　　　　　　設　　　　　　備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手術台 | | | | | | 床 | | | | | | 壁 | | | | | | | | | 天井 | | | | 照明 | | | | | | | 暖房 | | | | | | 清　　潔　　な  手 洗 い 設 備 | | | | | | | | | | |
| 手　術　室 | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | 台 | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | |
| 準　備　室 | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | |
| その他の施設 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２１　分べん室及び新生児入浴施設  （第４面）  ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分べん室 | | | 室　面　積 | | | | | | | | | | | | 構　　造　　設　　備 | | | | | | | | | | | | | | | | | | | | | 新 生 児入浴施設 | | | | | | | | | 室　面　積 | | | | | | | | | | | | 構　造　概　要 | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ２２　エックス線装置及び診療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開設時設置予定の  エックス線装置 | | | | | 固定、携帯の別 | | | | | | | | | | | | | | | | | | | | 用　　　　　　途 | | | | | | | | | | | | | | | | | | 製　作　者　名　及　び　型　式 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| エックス線  診　療　室 | | | | | 室　面　積 | | | | | | | | | | | | | | | | | | | | 室内の構造概要 | | | | | | | | | | | | | | | | | | 操 作 室 の 面 積 | | | | | | | | | | | | | | | | | 暗　　　室 | | | | | | | | | | | | | | | |
| 面　　積 | | | | | | | | | | | | 設　　備 | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | ㎡ | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | ㎡ | | | |
| ２３　その他の施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看 護 師 勤 務 室 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | 待　　　合　　　室 | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | |
| 事　　　務　　　室 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | 新 生 児 室 | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | |
| 宿　　　直　　　室 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | |
| 消 毒 設 備 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | |
| 給 食 設 備 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | |
| 洗　　　濯　　　室 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | |
| ２４　建築確認　　　　　　　年　　 　　月　　 　　日　 　　 　第　　　　　　　 　　　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２５　添付書類 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) 　開設者が法人であるときは、定款、寄附行為又は条例及び法人の登記事項証明書  (2) 　土地及び建物の登記事項証明書（土地又は建物を賃借する場合は、賃貸借契約書の写しを添付し、原本も提示すること。）  (3) 　敷地の平面図   1. 建物の平面図 2. エックス線診療室放射線防護図（平面図及び立面図。縮尺５０分の１のものとし、壁及び鉛の厚さを記入すること。） 3. 最寄駅からの案内図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |