#### (Form D)

**RIKEN BRC**

# **APPROVAL FORM**

To:

Dr. Toshihiko Shiroishi

Director

Riken BioResource Research Center

3-1-1, Koyadai, Tsukuba, Ibaraki 305-0074 JAPAN

The undersigned RECIPIENT hereby confirms and informs that the RECIPIENT was authorized by the DEPOSITOR to use of the BIOLOGICAL RESOURCE(s) under the terms and conditions specified below.

<< RECIPIENT >>

Organization:

Address:

Name of Authorized Representative:

Title:

Signature: Date:

Name of Principal Investigator:

Title:

Signature: Date:

|  |
| --- |
| **Specific Purpose** (Specific Purpose of MTA Section 3.(a)) |
| **Biological resource** (BRC No.) |
| **Specific Terms and Conditions** (shall be the same as the terms and conditions that are listed on the BRC Catalog and/or Website, and when applicable, any other terms and conditions set forth by the DEPOSITOR and/or additional MTA concluded between the DEPOSITOR and the RECIPIENT) |

The undersigned DEPOSITOR hereby confirms its approval to the effect that the BIOLOGICAL RESOURCE as specified above was provided to the RECIPIENT pursuant to the terms and conditions specified above.

<<DEPOSITOR>>

Organization:

Address:

Name of Authorized Representative:

Title:

Signature: Date:

Name of DEPOSITOR Scientist:

Title:

Signature: Date:

The validity period is within 6 month of the date of this Approval.

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Please send to:

Experimental animal division

RIKEN BioResource Research Center

3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074

JAPAN

E-mail: [animal@brc.riken.jp](mailto:animal@brc.riken.jp)

Fax : +81-29-836-9010

(Column to be filled by RIKEN BRC)

(Reception Date )

(Reception No. )

(User No. )