2019/04/01

(Form D)

RIKEN BRC

**APPROVAL FORM**

B6.Cg-Tg(CAG-tdKaede)15Utr (RBRC05737)

B6.Cg-c/c Tg(CAG-tdKaede)15Utr (RBRC05738)

C.Cg-Tg(CAG-tdKaede)15Utr (RBRC09257)

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 RECIPIENT Scientist:

Title:

Signature: Date:

|  |
| --- |
| **Specific Purpose** |
| **Biological resource** (BRC No.) |
| **Specific Terms and Conditions**  In publishing the research results obtained by use of the BIOLOGICAL RESOURCE, a citation of the following literature(s) designated by the DEPOSITOR is requested. Proc. Natl. Acad. Sci. USA, 105, 10871-10876 (2008). The availability of the BIOLOGICAL RESOURCE is limited to a RECIPIENT of a not-for profit organization for a not-for-profit research. The RECIPIENT of BIOLOGICAL RESOURCE must obtain a prior written consent on use of it from the DEVELOPER of the Kaede using Approval form (form V) (Lab Contact: Laboratory for Cell Function Dynamics, RIKEN BSI: sakurai-h@brain.riken.jp). Prior to requesting the BIOLOGICAL RESOURCE, the RECIPIENT must contact the DEPOSITOR Dr. Yoshihiro Miwa (ymiwa@md.tsukuba.ac.jp) of University of Tsukuba and obtain a use permission. |

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. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Please send to:

Experimental animal division (Column to be filled by RIKEN BRC)

RIKEN BioResource Research Center (Reception Date )

3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074 (Reception No. )

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