2019/04/01

(Form D)

RIKEN BRC

**APPROVAL FORM**

B6.B6129-Gt(ROSA)26Sor<tm1(CAG-kikGR)Kgwa> (RBRC04847)

B6.Cg-Gt(ROSA)26Sor<tm1(CAG-kikGR)Kgwa> (RBRC09254)

C.Cg-Gt(ROSA)26Sor<tm1(CAG-kikGR)Kgwa> (RBRC09255)

B6.Cg-Gt(ROSA)26Sor<tm1.1(CAG-kikGR)Kgwa> (RBRC09256)

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** The availability of the BIOLOGICAL RESOURCE is limited to a RECIPIENT of a not-for profit institution for a not-for-profit research. Prior to requesting the BIOLOGICAL RESOURCE, the RECIPIENT must obtain approval from the DEPOSITOR (Lab Contact: haruhiko.koseki@riken.jp) using the Approval Form (form D). For use of the BIOLOGICAL RESOURCE by a for-profit institution, the RECIPIENT must reach agreement on terms and conditions of use of it with DEPOSITOR and must obtain a prior written consent from the DEPOSITOR. The RECIPIENT of BIOLOGICAL RESOURCE must obtain a prior written consent on use of it from the DEVELOPER of the kikGR using Approval form (form V) (Lab Contact: Laboratory for Cell Function Dynamics, RIKEN BSI: sakurai-h@brain.riken.jp). The RECIPIENT of the BIOLOGICAL RESOURCE is requested to make a MTA regarding the usage of the CAG promoter specified by the DEVELOPER, Dr. Junichi Miyazaki. Osaka University (FAX: +81-6-6879-3829, e-mail: jimiyaza@nutri.med.osaka-u.ac.jp). In publishing the research results to be obtained by the use of the BIOLOGICAL RESOURCE, an acknowledgment to the DEPOSITOR is requested. 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. Tomura M et.al, Sci. Rep. e6030 (2014). In publishing the research results obtained by use of the BIOLOGICAL RESOURCE, the RECIPIENT must obtain a prior written consent from the DEPOSITOR. The RECIPIENT must send the DEPOSITOR a reprint of the RECIPIENT's publication. RECIPIENT must contact the DEPOSITOR in the case of application for any patents or commercial use based on the results from the use of the BIOLOGICAL RESOURCE. |

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. )

JAPAN (User No. )

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