####  (Form SCAT)

**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 DEVELOPER 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.)SCAT3.1 contained in the mouse line (BRC No. please write the number here) |
| **Specific Terms and Conditions** (please fill out the terms and conditions that are listed on the website or catalogue)1. A RECIPIENT who belongs to a non-profit organization may use the BIOLOGICAL RESOURCE for an academic research that is non-commercial.2. In publishing the research results obtained by use of the BIOLOGICAL RESOURCE, a citation of literature designated by the DEVELOPER or an acknowledgment to the DEVELOPER are requested.Nagai T, Miyawaki A. (2004) A high-throughput method for development of FRET-based indicators for proteolysis. Biochem. Biophys. Res. Commun. 319: 72-77. 3. The RECIPIENT agrees to provide a copy of the publication to the DEVELOPER, oral or written, reporting use of the MATERIAL. |

The undersigned DEVELOPER 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.

<< DEVELOPER of SCAT3.1>>

Organization: RIKEN Center for Brain Science

Address: 2-1 Hirosawa, Wako, Saitama 351-0198

Name of DEVELOPER: Atsushi Miyawaki

Title: Laboratory Head

Signature: Date:

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

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Please send to:

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JAPAN

Fax : +81-29-836-9010

(Column to be filled by RIKEN BRC)

(Reception Date )

(Reception No. )

(User No. )