

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.

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
Fax : +81-29-836-9010

(Column to be filled by RIKEN BRC)
(Reception Date)
(Reception No.)
(User No.)