####  (Form D APP-KI)

**RIKEN BRC**

# **APPROVAL FORM for**

**C57BL/6-App<tm1(NL)Tcs>/TcsRbrc (RBRC06342)**

**C57BL/6-App<tm2(NL-F)Tcs>/TcsRbrc (RBRC06343)**

**C57BL/6-App<tm3(NL-G-F)Tcs>/TcsRbrc (RBRC06344)**

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.) |
| **Research Plan** (please extend this space and fully describe the plan) |
| **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)Prior to requesting the BIOLOGICAL RESOURCE, the RECIPIENT must obtain approval from the DEPOSITOR using the Approval Form. RIKEN BRC does not provide any for-profit organization with the BIOLOGICAL RESOURCE. For-profit organizations must contact the DEPOSITOR (takaomi.saido@riken.jp) for a licensing contract. RECIPIENT shall supply DEPOSITOR with a written report about all research results related to the BIOLOGICAL RESOURCE as outlined in the Research Plan. RECIPIENT will have the right to publish and disclose the results of the research and will submit the intended publication to DEPOSITOR at least thirty (30) days prior to submission of the abstracts and manuscripts. DEPOSITOR may within this 30-day period request RECIPIENT, in writing, to delete any reference to DEPOSITOR's CONFIDENTIAL information. If any invention is conceived and reduced to practice by RECIPIENT in the performance of the Research Plan involving the BIOLOGICAL RESOURCE during the term of this MTA, RECIPIENT agrees to promptly inform the invention to DEPOSITOR and the parties will consult each other to determine inventorship and ownership of the invention based on the respective parties contribution to the invention, before filing an application for a patent. In the case of a jointly owned application, the parties will separately enter into a joint application agreement including the sharing of ownership, patent costs and licensing income, as well as the responsible party for the application procedures etc. RECIPIENT agrees to acknowledge Hiroki SASAGURI, Takashi SAITO and Takaomi C. SAIDO, according to generally accepted authorship attributions, as co-authors in the first domestic oral presentation, first international oral presentation, and first written international publication as related to the BIOLOGICAL RESOURCE unless otherwise requested by the DEPOSITOR. The purpose of co-authorship is not for us to increase our number of publications but rather to confirm compliance with the guidelines on nomenclature, correct use of antibodies, etc. and to discuss the relevance of the observed results in depth. Thereafter, RECIPIENT agrees to acknowledge Hiroki SASAGURI, Takashi SAITO and Takaomi C. SAIDO in an acknowledgement section, and does not need to co-author Hiroki SASAGURI, Takashi SAITO and Takaomi C. SAIDO. RECIPIENT also agrees to cite Nature Neuroscience 17 and 661-663 (2014) and EMBO Journal 36, 2473-2487 (2017) in all publications obtained using BIOLOGICAL RESOURCE. RECIPIENT agrees to acknowledge DEPOSITOR in all oral presentations and written publications as related to the BIOLOGICAL RESOURCE. RECIPIENT shall keep confidential any or all information marked CONFIDENTIAL that is received from DEPOSITOR and related to the BIOLOGICAL RESOURCE including oral discussions if they are reduced to writing within thirty (30) days and are marked "CONFIDENTIAL". The BIOLOGICAL RESOURCE is the property of the RIKEN (The Institute of Physical and Chemical Research).  |

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

Fax : +81-29-836-9010

(Column to be filled by RIKEN BRC)

(Reception Date )

(Reception No. )

(User No. )