

**RIKEN BRC****Cell Bank****(FormC-0057-1)****APPROVAL FORM****Human iPS cell lines (HPS)**

To: Dr. Kazuaki Nakamura  
 Head, Cell Bank Riken BioResource Research Center

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.

&lt;&lt; Recipient &gt;&gt;

**Organization:** \_\_\_\_\_**Address:** \_\_\_\_\_**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_**Name of Authorized Representative:** \_\_\_\_\_**Title:** \_\_\_\_\_**E-mail:** \_\_\_\_\_**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Name of RECIPIENT Scientist :** \_\_\_\_\_**Title:** \_\_\_\_\_**E-mail:** \_\_\_\_\_**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

&lt;&lt; The recipient should describe below &gt;&gt;

**Specific Purpose****Cell Name (name of disease) and HPS number, e.g., Wilson's disease (HPS0045)****Specific Terms and Conditions** (please copy the terms and conditions that are listed on the website )

&lt;&lt; The depositor shall select below &gt;&gt;

**Examination and approval by institutional review board and/or institutional ethical committee** (please select [1] or [2] or [3])**[1] Necessary****[2] Not necessary****[3] Leave it to the RECIPIENT**

(FormC-0057-2)

The undersigned DEPOSITOR hereby confirms its approval to the effect that the BIOLOGICAL RESOURCE (HPS No: \_\_\_\_\_ ) as specified above was provided to the RECIPIENT (Name of Authorized Representative: \_\_\_\_\_ ) pursuant to the terms and conditions specified above.

&lt;&lt;Depositor&gt;&gt;

**Organization:****Address:** \_\_\_\_\_**Name of DEPOSITOR Staff :** \_\_\_\_\_**Title:** \_\_\_\_\_**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Please send to : Recipient**

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<< Recipient >> **Please send to :**

Cell Bank, RIKEN BioResource Research Center,  
3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074 JAPAN ;  
Fax : +81-29-836-9130

(RIKEN BRC Cell Bank)

(Reception Date )

(Reception No. )

(User No. )