

**APPROVAL FORM**

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.

**<< Recipient >>**

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**< Authorized Representative >**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**< RECIPIENT Scientist >**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Specific Purpose</b>
<b>Biological resource</b> (RCB No. and Cell Name)
<b>Specific Terms and Conditions</b> (please fill out the terms and conditions that are listed on the website or catalogue)

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:** \_\_\_\_\_

**DEPOSITOR Staff : Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send to : Recipient**

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

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

(Reception Date ) (Reception No. ) (User No. ) (MTA No. )