

APPROVAL FORM

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

The undersigned RECIPIENT hereby confirms and informs that the RECIPIENT is the DEPOSITOR to use of the BIOLOGICAL RESOURCE(s) under the terms and conditions of the MTA.

Please fill out the same information as you wrote on the MTA.

<< Recipient >>

Organization: _____

Address: _____

Telephone Number: _____ Fax Number: _____

< Authorized Representative >

Name: _____

Title: _____

E-mail: _____

Signature: _____

Date: _____

< RECIPIENT Scientist >

Name: _____

Title: _____

E-mail: _____

Signature: _____

If you use the cell(s) under the same "terms and conditions", you may fill out one sheet of the approval form.

Specific Purpose
Biological resource (RCB No. and Cell Name)
Specific Terms and Conditions (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 MTA.

<< Depositor >>

Organization: _____

Address: _____

DEPOSITOR Staff : Name: _____

Signature: _____ Date: _____

Please send to : Recipient

If more than six months have passed since you obtained the approval, please obtain a written permission again.

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

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.

)