RIKEN BRC

APPROVAL FORM

To:
Dr. Yuichi Obata
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:		
Name of RECIPIENT Scientist:		
Title:		
Signature:	Date:	

Specific Purpose	
Biological Resource	RDB14601
	(pMRX-IP-GFP-LC3-RFP)
Specific Terms and Co	nditions
· /	OURCE is limited to for academic research in non-profit organization. BIOLOGICAL RESOURCE shall obtain a prior written consent on use of R.
	LOGICAL RESOURCE for profit purposes by a non-profit organization or GICAL RESOURCE by a profit organization requires a separate license prior to distribution.
(4) In publishing research the original publication acknowledgment to the	ch results obtained by use of the BIOLOGICAL RESOURCE, a citation of designated by the DEPOSITOR (Mol. Cell, 64: 835-849, 2016) and an DEPOSITOR are requested.
	nust contact the DEPOSITOR in case of application for any patents or e results from the use of BIOLOGICAL RESOURCE.

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: _	The University of To	<u>kyo</u>				
Address:	_7-3-1 Hongo, Bunkyo-ku, To	kyo 113-0033 JAPAN				
Name of the D	EPOSITOR Scientist: <u>No</u>	boru Mizushima, M.D., Ph.D.				
Title:	Professor					
Signature:		Date:				
The validity period is within 6 months of the date of this Approval.						
	((Reception Date)			
RIKEN BioRes	sorce Research Center	(Reception No.)			
3-1-1 Koyadai,	Tsukuba, Ibaraki 305-0074	(User No.)			
JAPAN						
Fax : +81-29-8	36-9120					
email: dnaban	k.brc@riken.jp					