(Form D)

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: _____ Date: _____

Name of RECIPIENT Scientist: _____
Title: _____
Signature: _____ Date: _____

Specific Purpose
Biological resource (BRC No.) C57BL/6J-Tg(Eno2-GFP/Atg5)1Nmz (RBRC09994)
Specific Terms and Conditions 1. BIOLOGICAL RESOURCE is limited to for academic research in non-profit organization. 2. The RECIPIENT of BIOLOGICAL RESOURCE shall obtain a prior written consent on use of it from the DEPOSITOR. 3. Any use of the BIOLOGICAL RESOURCE for profit purposes by a non-profit organization or any use of the BIOLOGICAL RESOURCE by a profit organization requires a separate license from the DEPOSITOR prior to distribution. 4. In publishing the research results obtained by use of the BIOLOGICAL RESOURCE, a citation of the following literature(s) designated by the DEPOSITOR is requested: Dev. Cell 39, 116-130 (2016). 5. In publishing the research results to be obtained by use of the BIOLOGICAL RESOURCE, an acknowledgment to the DEPOSITOR is requested. 6. The RECIPIENT must contact the DEPOSITOR in the case of application for any patents or commercial use based on the results from the use of the 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 Tokyo

Address: 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033 Japan

Name of Authorized Representative: Takashi Mitomo

Title: General Manager, Graduate School of Medicine

Signature: _____ Date: _____

Name of DEPOSITOR Scientist: Noboru Mizushima, M.D., Ph.D.

Title: Professor

Signature: _____ Date: _____

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

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Please send to:
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(Column to be filled by RIKEN BRC)
(Reception Date)
(Reception No.)
(User No.)