

RIKEN BRC**Cell Bank****(FormC-0006)****APPROVAL FORM**

To: Dr. Yukio 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:** _____**Specific Purpose****Biological resource** (RCB No. and Cell Name)

RCB2710 Atg5^{+/+}MEF
 RCB2711 Atg5^{-/-}MEF

Specific Terms and Conditions (please fill out the terms and conditions that are listed on the website or catalogue)

- 1) BIOLOGICAL RESOURCE is limited to for academic researches 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 research results obtained by use of the BIOLOGICAL RESOURCE, a citation of the original publication designated by the DEPOSITOR is required: Nature 432, 1032-1036 (2004) .
- 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 case of application for any patents or commercial use with the 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 Tokyo**Address:** 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033 JAPAN**DEPOSITOR Staff : Name:** Noboru Mizushima, M.D., Ph.D. **Title:** Professor**Signature:** _____ **Date:** _____**Please send to : Recipient**

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.) (MTA No.)