

RIKEN BRC

APPROVAL FORM

To:

Dr. Toshihiko Shiroishi

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 (please fill out the clone name and catalog number that are listed on the website or catalogue)

RDB14601: pMRX-IP-GFP-LC3-RFP

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 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 research results obtained by use of the BIOLOGICAL RESOURCE, a citation of the original publication designated by the DEPOSITOR (Kaizuka, T. et al. Mol. Cell, 64 (4): 835-849, 2016) and an acknowledgment to the DEPOSITOR are requested. (5) 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

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

Title: Professor

Signature: _____ Date: _____

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

Please send to: (Column to be filled by RIKEN BRC Gene Engineering Division)

	(Reception Date)
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