RIKEN BRC　　　　Cell　Bank　　　（FormC-0006）
APPROVAL FORM

To: Dr. Kazuaki 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 >   < RECIPIENT Scientist >

Name: _____	**Name:** _____
Title: _____	**Title:** _____
E-mail: _____	**E-mail:** _____
Signature: _____	**Signature:** _____
Date: _____	**Date:** _____

Specific Purpose

Biological resource (RCB No. and Cell Name)

RCB4696 : GFP-LC3-RFP-LC3ΔG 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 the use of the BIOLOGICAL RESOURCE, a citation of the original publication: Mol.Cell 2016 https://dx.doi.org/10.1016/j.molcel.2016.09.037) designated by the DEPOSITOR is required. 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 1130033, 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.
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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.　　　　)