

RIKEN BRC JAPAN COLLECTION OF MICROORGANISMS

APPROVAL FORM

To:

Japan Collection of Microorganisms

RIKEN BRC

“Recipient” must be same as Form M-11. Fill out Organization, Address, Name (Authorized Representative and Scientist), Job Title and Date. Make sure to have both Signature.

The undersigned (the DEPOSITOR) has approved the use of the BIOLOGICAL RESOURCE(S) under the terms and conditions specified below.

RECIPIENT

Organization:

Address:

Telephone Number:

Fax Number:

Name of Authorized Representative: Dean (President) or Director

Title:

Signature:

“Authorized Representative” should be a director, a dean (president) or their equivalent. If the “Authorized Representative” is the same as “Scientist”, please enter his/her name and signature in both spaces. Students are not allowed to be recipients who would be contacted by Riken BRC on a permanent basis.

Name of RECIPIENT Scientist: Recipient (No student or trainee)

Title:

Signature:

Date:

Specific Purpose

Fill out “research purpose” same as written on Form M-11.

Biological Resource (JCM No.)

Fill out official Scientific name and JCM No.

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

Fill out whole sentences of "Terms and conditions for distribution of strain JCM —" same as written in our online catalog.

Please contact “Depositor” and ask to fill out this page for you.

(Form M-12-2)

The undersigned DEPOSITOR hereby confirms its approval to the effect that the BIOLOGICAL RESOURCE (JCM No: _____) as specified above was provided to the RECIPIENT pursuant to the terms and conditions specified above.

DEPOSITOR

Fill out Organization, Address, Name (Authorized Representative and Depositor), Job Title and Date. Make sure to have both Signature.

Organization: _____

Address: _____

Name of Authorized Representative: **Dean (President) or Director** _____

Title: _____

Signature: _____

“Authorized Representative” should be a director, a dean (president) or their equivalent. If the “Authorized Representative” and a “Depositor” are the same, fill out his/her name and signature in both spaces.

Name of the DEPOSITOR Scientist: _____

Title: _____

Signature: _____ Date: _____

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

This form only valid for 6 months. If it expires, please renew it.

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RECIPIENT

Please send to:
Microbe Division / Japan Collection of Microorganisms
RIKEN BioResource Research Center
3-1-1, Koyadai, Tsukuba, Ibaraki 305-0074
Japan
Email: inquiry.jcm@riken.jp

(Column to be filled by RIKEN BRC)
(Reception Date)
(Reception No.)