

# 【Sample of Form M-11】

(Form M-11-1)

## RIKEN BRC



### MATERIAL TRANSFER AGREEMENT (For use for not-for-profit academic purpose)

#### RECIPIENT

Recipient Scientist: Ichiro Riken  
Recipient Organization: Department of Microbiology, Riken University  
Address: 3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074 Japan

Fill in Recipient Scientist name, official name and address of Recipient Organization (including department) without using abbreviation.

This Material Transfer Agreement sets forth the terms and conditions under which RIKEN BioResource Research Center (hereinafter referred to as 'RIKEN BRC') will provide with the RECIPIENT, and the RECIPIENT will receive, the biological material specified as Campylobacter lari subsp. lari, Campylobacter rectus, Noviherbaspirillum malthae

(JCM No. 6301, 14870, 18414)

and its derivatives (hereinafter referred to as 'BIOLOGICAL RESOURCE') in response to the RECIPIENT's request, and with which the RECIPIENT receives the BIOLOGICAL RESOURCE

Fill in official Scientific name and JCM No. for each strain. Attach an extra sheet entitled "Attachment for MATERIAL TRANSFER AGREEMENT" if the space is not enough.

1. The RIKEN BRC, a non-profit public organization financed by the Japanese Government, is engaged in collection, maintenance, storage, propagation, quality control and distribution of the biological resources, in order to contribute to the Japanese and international scientific community in the field of life sciences.

2. (a) The RECIPIENT shall use the BIOLOGICAL RESOURCE for the following specific purpose:

Fill in research purpose **in detail**. Write specific how and for what purpose you are going to use JCM strain(s).

(b) The RECIPIENT shall obtain a written prior permission from the RIKEN BRC for the usage of the BIOLOGICAL RESOURCE for any other purposes than the purpose specified above.

3. The RECIPIENT shall not use the BIOLOGICAL RESOURCE for diagnosis or treatment of humans or other direct applications to human bodies or as food source for humans.

4. The RECIPIENT agrees to use the BIOLOGICAL RESOURCE complying with the following terms and conditions set forth by the DEPOSITOR, which are specified in the RIKEN BRC Catalog and/or Website: Terms and conditions for distribution of strain JCM ○○○

The following specific terms and conditions are requested by the DEPOSITOR:

In publishing the research results obtained by use of the BIOLOGICAL RESOURCE, citation of the following literature

designated by the DEPOSITOR is requested: Int. J. Syst. Evol. Microbiol. 2011, 57, 1240 (DOI: □□/□□□□)

Refer to the table displayed in the lower part of the JCM On-line Catalogue for each strain.

Terms and conditions	Not imposed	-
Terms and conditions	Imposed	information

: Leave it blank or fill in "N/A".

: Click the [information] button, then fill in the whole sentences displayed. (or print out the webpage as an attachment)

13. In case the RECIPIENT is in breach of this AGREEMENT, the RIKEN BRC may request the RECIPIENT to cease its subsequent use of the BIOLOGICAL RESOURCE and other resources of the RIKEN BRC.
14. Both parties shall discuss in good faith to enable the amicable resolution of matters, arising in connection with the interpretation or performance hereof as well as the matters which are not expressly set forth in this AGREEMENT.
15. Any matter or dispute which cannot be settled through said amicable discussion shall be subject to the exclusive jurisdiction of Tokyo District Court, Japan. This AGREEMENT shall be governed in accordance with the laws of Japan.

The RECIPIENT and the RIKEN BRC do hereby sign two original copies of this AGREEMENT and each party holds one signed copy.

**RIKEN BioResource Research Center**

3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074, Japan

Director

Toshihiko Shiroishi, Ph.D.

Signature:

Students are not allowed to be RECIPIENT.  
It has to be worker contracted on a permanent basis.

**RECIPIENT**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Authorized Representative: **Name of Director or President**

Job Title: \_\_\_\_\_

“Authorized Representative” should be a person authorized to sign on behalf of the organization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RIKEN BRC-JCM

(Reception Date

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(Reception No.

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(MTA No.

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