

**RIKEN BRC JAPAN COLLECTION OF MICROORGANISMS**

**APPROVAL FORM**

To:

Japan Collection of Microorganisms  
RIKEN BioResource Research Center

The undersigned RECIPIENT hereby confirms and informs that the RECIPIENT was approved by the DEPOSITOR to use of the BIOLOGICAL RESOURCE(s) under the terms and conditions specified below.

**RECIPIENT**

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

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

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

Name of RECIPIENT Scientist: \_\_\_\_\_

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

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

|   |
|---|
| Specific Purpose  |
| Biological Resource (JCM No.)   |
| Specific Terms and Conditions (please fill out the terms and conditions that are listed on the website) |

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**

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

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

Name of Authorized Representative: \_\_\_\_\_

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

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

Name of the DEPOSITOR Scientist: \_\_\_\_\_

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

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

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

.....  
**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. )