

**RIKEN BRC JAPAN COLLECTION OF MICROORGANISMS**

**APPROVAL FORM**

To:  
Japan Collection of Microorganisms

RIKEN BRC

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

RECIPIENT must be the same as Form M-11. Fill in Organization, Address, Name (both Authorized Representative and RECIPIENT Scientist), Job Title and Date. Make sure to have both Signatures.

**RECIPIENT**

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

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

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

Name of Authorized Representative: Dean (President) or Director

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

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

“Authorized Representative” should be President, Dean, Director, Intellectual Property Administrator or their equivalent. If “Authorized Representative” and “RECIPIENT Scientist” are the same, please enter his/her name and signature in both spaces. Students are not allowed to be RECIPIENT 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 in research purpose the same as written on Form M-11.
Biological Resource (JCM No.) _____ Fill in official Scientific name and JCM No.
Specific Terms and Conditions (please fill out the terms and conditions that are listed on the website) _____

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

Terms and conditions    **Imposed**    **information**

: Click the [information] button, then fill in the whole sentences displayed.

Please fill in the prior page (Form M-12-1), then contact DEPOSITOR to obtain approval before placing an order.

(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 in Organization, Address, Name (both Authorized Representative and Depositor Scientist), Job Title and Date. Make sure to have both Signatures.

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Authorized Representative: **Dean (President) or Director**  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name of the DEPOSITOR Scientist: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

“Authorized Representative” should be President, Dean, Director, Intellectual Property Administrator or their equivalent. If “Authorized Representative” and “DEPOSITOR Scientist” are the same, please enter his/her name and signature in both spaces.

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

This form is 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. )