

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.

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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.)