

# 【Sample of Form M-12】

- Obtain the latest version of the form file from the JCM website to prepare the document.
- Use **Adobe Acrobat** or **Reader** to prepare the document (do not use third-party PDF editing tools).

**RIKEN BRC JAPAN COLLEC**

## APPROVAL FORM

To:  
Japan Collection of Microorganisms  
RIKEN BioResource Research Center

**RECIPIENT must be the same as the Form M-11/M-11C.**

RECIPIENT was approved by the  
terms and conditions specified below.

### RECIPIENT

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Name of Authorized Representative: **Dean (President) or Director**  
Title: \_\_\_\_\_

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

- **President of Company**
- **Dean of University / College / School / Faculty**
- **Director of Research Institute**
- **Head of Intellectual Property Management Division**

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

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

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

“Scientist” should be a **Principal Investigator.**

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

Specific Purpose
Fill in research purpose the same as written on Clause 2(a) of the Form M-11/M-11C.
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

DEPOSITOR to fill in here

to the terms and conditions specified above.

**DEPOSITOR**

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

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

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

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

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

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

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

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

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

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

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

- **President of Company**
- **Dean of University / College / School / Faculty**
- **Director of Research Institute**
- **Head of Intellectual Property Management Division**

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.

.....  
**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. )