



APPROVAL FORM

To: Graduate School of Medicine, Kyoto University

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

<< RECIPIENT >>

Organization: _____

Address: _____

Name of Authorized Representative: _____

Title: _____

Signature: _____ Date: _____

Name of RECIPIENT Staff: _____

Title: _____

Signature: _____ Date: _____

Specific Purpose
Biological Resource (NBRPRat No. _____)
Specific Terms and Conditions (Please fill out the terms and conditions that are listed on the website or catalogue.)

The undersigned DEPOSITOR hereby confirms their approval to the effect that the BIOLOGICAL RESOURCE 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 Staff: _____

Title: _____

Signature: _____ Date: _____

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

Please send one copy to:

National BioResource Project – Rat

Institute of Laboratory Animals

Organization: Graduate School of Medicine, Kyoto University

Address: Yoshidakonoe-cho, Sakyo-ku, Kyoto 606-8501, Japan