



# NATIONAL INSTITUTE OF GENETICS

Research Organization of Information and Systems

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Insert applicable information

Name of RESEARCH PROJECT (Academic Research only)

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Please briefly describe how the material will be used in your research. This will assist us in confirming that the agreement is consistent with your research plans.

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9. The RECIPIENT agrees to use the MATERIAL in compliance with all applicable statutes and regulations.

Note:

This Agreement shall be effective when signed by all Parties, and its effective date is the latest of the dates set out blow.

III. NIG INFORMATION and SIGNATURES

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\_\_\_\_\_  
Signature of NIG's Authorized Official

\_\_\_\_\_  
Date

IV. RECIPIENT INFORMATION and SIGNATURES

<p>RECIPIENT SCIENTIST Name, Title, and email address</p>	<p>Name: _____ Title: _____ E-mail: _____</p>	<p>Print full name, job title, and email address of Recipient Scientist</p>
<p>RECIPIENT PI (Principal Investigator) Name, Title, and email address Laboratory Name and Address</p>	<p>Name: _____ Title: _____ E-mail: _____ Lab. Name: _____ Address: _____</p>	<p>Print full name, job title, and email address of Principal Investigator</p> <p>Print Laborator name and address</p>
<p>Authorized Official Name, Title, and email address</p>	<p>Name: _____ Title: _____ E-mail: _____</p>	<p>Print full name, job title, and email address of Authorized Official</p>
<p>RECIPIENT Organization Name and Address:</p>	<p>Org. Name: _____ Address: _____</p>	<p>Print legal name, name of organization, and registered address including postcode and country.</p>

RECIPIENT should be academic institution

An electronic signature is NOT acceptable.

An actual signature is required.

Date of Signature

\_\_\_\_\_  
Signature of RECIPIENT SCIENTIST

\_\_\_\_\_  
Date

An actual signature is required.

\_\_\_\_\_  
Signature of RECIPIENT PI

An actual signature is required.

Authorized Official is an individual who has signatory approval on behalf of university or institute.

\_\_\_\_\_  
Signature of RECIPIENT Organization's Authorized Official

\_\_\_\_\_  
Date