



NATIONAL INSTITUTE OF GENETICS

Research Organization of Information and Systems

1111 Yata, Mishima, Shizuoka 411-8540, Japan URL: <http://www.nig.ac.jp/>

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Insert applicable information

Name of RESEARCH PROJECT (Academic Research only)

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4. The MATERIAL will be used by the RECIPIENT SCIENTIST and RECIPIENT PI

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.

and by individuals supervised by the RECIPIENT PI's direction in his/her laboratory for not-for-profit research only and solely in connection with the RESEARCH PROJECT.

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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

NIG Scientist Hironori Niki, Ph.D., Professor in Microbial Physiology
 Laboratory, National Institute of Genetics

NIG Authorized Official: Mutsuaki Suzuki, Ph.D., Director of NIG INNOVATION,
 National Institute of Genetics

E-mail: chizai@nig.ac.jp

Address 1111 Yata, Mishima, Shizuoka, 411-8540 Japan

 Signature of NIG’s Authorized Official

 Date

IV. RECIPIENT INFORMATION and SIGNATURES

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

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