

Request and Agreement Form for the Distribution of Cell Lines (Form A)

To Japan Health Sciences Foundation
Health Science Research Resources Bank

1. I hereby request the distribution of cell lines below.

Date of application:	Date of receipt:	No.:
Name and title of applicant (in print):		
Name and address of institution:		
Name of laboratory and responsible person:		
Level of physical containment of facilities: P__		
Telephone:		FAX:
	JCRB No.	Name of cell line
1		
2		
3		
4		
5		
Research purposes:		

2. I agree to comply with the following stipulations when I receive the distribution service of cell lines from the Human Science Research Resources Bank (henceforth abbreviated as HSRRB).

- 1) I comply with the HSRRB management regulations.
- 2) I fully respect the priority of the person who established the cell lines and comply with any limitations proposed on its use.
- 3) I will not use the cell lines in unethical experiments such as direct administration to humans.
- 4) I will use the cell lines only for research, testing, and educational purposes, and not for military and direct profit-making purposes.
- 5) I will not impart the cell lines to a third party.
- 6) I will not ask HSRRB to be responsible for any accident or loss incurred from the use of the cell lines.
- 7) When I publish any results obtained from the use of the cell lines, I will state the registered number, name, and the establisher (or reference) of the cell line along with the name of this bank as the source.

Signature of applicant:

Address: Rinku-minamihama 2-11, Sennan-shi, Osaka 590-0535
Health Science Research Resources Bank
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