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.

<table>
<thead>
<tr>
<th>JCRB No.</th>
<th>Name of cell line</th>
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<tbody>
<tr>
<td>1</td>
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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:

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
TEL: +81-0724-80-1670     FAX: +81-0724-80-1655