



National Institute of Technology and Evaluation
Department of Biotechnology
Biological Resource Center (NBRC)
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EXAMPLE

MATERIAL TRANSFER AGREEMENT (FORM X)

This Agreement is made among

Please use the form type ("A" or "B") appropriate to the clone(s) to be order.

- 1) Department of Biotechnology of National Institute of Technology and Evaluation ("DOB"), having its principal place of business at 2-5-8, Kazusakamatari, Kisarazu-shi, Chiba, 292-0818, Japan (phone no, +81-438-20-5763; fax no, +81-438-52-2329, e-mail address: dna@nbrc.nite.go.jp);
- 2) The Research Association for Biotechnology ("RAB") having its principal place of business at Miyashita Building 3F, 2-3-9 Nishi-Shinbashi, Minato-ku, Tokyo, 105-0003 Japan; and
- 3) The Institute of Medical Sciences, The University of Kazusa, 2-5-8 Kazusa-kamatari, Kisarazu, Chiba, 292-0818, Japan

[Please type name of Recipient and address of registered office of principal place of business] ("Recipient"),

Please type name of Recipient and address of registered office of principal place of business.

WHEREAS

- (A) the Recipient wishes to obtain from DOB the recombinant DNA clones listed in Schedule 1 ("Materials"); and
- (B) DOB is willing to supply the Materials on the terms set out in this Agreement.

The Parties hereby agree as follows:

1 Definitions

- 1.1 "Authorized Person" shall mean the person employed by the Recipient authorized to receive the Materials pursuant to the terms of this Agreement and named in Schedule 2.
- 1.2 "Effective Date" shall mean the latest date in the signature block of this Agreement.
- 1.3 "Publish" or "Publication" shall include any form of publication or making available to the public or making available to any third party.

Signed:
For and on behalf of DOB:

By Masahiro Miyazaki, Director-General

(Signature) _____

(Date) _____

Department of Biotechnology, National Institute of Technology and Evaluation
2-5-8, Kazusakamatari, Kisarazu-shi, Chiba 292-0818, Japan

For and on behalf of RAB:

By Yasukatsu Miyoshi, Executive Director

(Signature) _____

(Date) _____

Research Association for Biotechnology
Miyashita Building 3F, 2-3-9, Nishi-Shinbashi, Minato-Ku, Tokyo 105-0003, Japan

For and on behalf of the Recipient:

By

(Name, Position) Dr. Ichiro Kazusa, Professor

(Signature) _____

(Date) April 2, 2005

(Address) 2-5-8 Kazusa-kamatari, Kisarazu,

Chiba, 292-0818, Japan

Please type name and position of Recipient.

Please sign here.

Please type address of registered office of principal place of business.

The name of either the principal investigator of your laboratory, the director of the technology transfer office, or an administrative office representative of your organization is required to be entered as the Recipient of the MTA.

SCHEDULE 2

AUTHORIZED PERSON

Please type name and position of Authorized Person.

Name: Dr. Taro Naito

Position: Post-doctoral fellow

Contact details: Lab. of Prof. Kazusa, The Institute of Medical Sciences

The University of Kazusa, 2-5-8 Kazusa-kamatari

Kisarazu, Chiba, Japan

(TEL) +81-438-20-5763

(FAX) +81-438-52-2329

(E-mail) naito-taro@nite.ac.jp

Please type address, telephone-number, fax-number and E-mail address of Authorized Person.

“Authorized Person” shall mean the person employed by the Recipient authorized to receive the Materials pursuant to the terms of this Agreement and named in Schedule 2.