



**APPLICATION FORM FOR  
RAT RESOURCE(S) DEPOSITION**

\* Date: \_\_\_\_\_

**<DEPOSITOR'S INFORMATION>**

\* Contact Person: \_\_\_\_\_ \* E-mail: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Organization: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Telephone Number: \_\_\_\_\_ \* Fax Number: \_\_\_\_\_

\* Principal Investigator: \_\_\_\_\_ \* E-mail: \_\_\_\_\_

\* Signature: \_\_\_\_\_

**ORGANIZATION TYPE (PLEASE CHECK ONE)**

For Profit

Not-for-profit

**NBRP-Rat No. / Strain Name**

(NBRPRat No. )
Strain Name :

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Please send this form and the Material Transfer Agreement for Deposition to: National BioResource Project - Rat  
Institute of Laboratory Animals, Graduate School of Medicine, Kyoto University  
Yoshidakonoe-cho, Sakyo-ku, Kyoto, 606-8501, Japan