

SIMPLE LETTER OF AGREEMENT FOR THE TRANSFER OF MATERIALS

In response to the RECIPIENT's request for the MATERIAL, **strains:** SW102, SW105, SW106 and **plasmids:** pTamp, p1GCN21, pEL04, pL451, pL452, pL253, pgalK the PROVIDER asks that the RECIPIENT and the RECIPIENT SCIENTIST agree to the following before the RECIPIENT receives the MATERIAL:

1. The above MATERIAL is the property of the PROVIDER and is made available as a service to the research community.
2. THIS MATERIAL IS NOT FOR USE IN HUMAN SUBJECTS.
3. The MATERIAL will be used for teaching or not-for-profit research purposes only.
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7. The RECIPIENT agrees to use the MATERIAL in compliance with all applicable statutes and regulations.
8. The MATERIAL is provided at no cost, or with an optional transmittal fee solely to reimburse the PROVIDER for its preparation and distribution costs. If a fee is requested, the amount will be indicated here: _____

The PROVIDER, RECIPIENT AND RECIPIENT SCIENTIST must sign this letter and return to the PROVIDER. The PROVIDER will then send the MATERIAL.

PROVIDER INFORMATION and AUTHORIZED SIGNATURE

Provider Scientists: Stephen P. Creekmore, M.D., Ph.D.

Provider Organization: National Cancer Institute

Address: NCI-Frederick, P.O. Box B, Bldg. 1052, Rm. 253, Attn: Nancy Parkhurst
Frederick, Maryland 21702, U.S.A.

Name of Authorized Official: Stephen P. Creekmore, M.D., Ph.D.

Title of Authorized Official: Chief, Biological Resources Branch, Developmental
Therapeutics Program, Division of Cancer Treatment and Diagnosis

Certification of Authorized Official: This Material Transfer Memorandum of
Understanding and Agreement __ has/ _ has not been modified. If modified, the
modifications are attached.

X _____
Signature of Authorized NCI Official *Date*

RECIPIENT INFORMATION (PLEASE PRINT)

Order Number (from Order Confirmation page): _____

Recipient Scientist: _____

Recipient Organization: _____

Address:

INSTITUTION AUTHORIZED SIGNATURE

Name of Authorized Official: _____

Title of Authorized Official: _____

Signature of Authorized Official: X _____

Date: _____

Certification of Recipient Scientist: I have read and understood the conditions outlined in
this Agreement and I agree to abide by them in the receipt and use of the MATERIAL.

X _____
Signature of Recipient Scientist *Date*