

MATERIAL TRANSFER AGREEMENT

PROVIDER ORGANIZATION

Name: Prof. Jose M^a Valpuesta, Director

Organization: CENTRO NACIONAL DE BIOTECNOLOGIA (CNB-CSIC)

Address: Campus de la UAM en CANTOBLANCO, C/ Darwin 3, 28049 MADRID, SPAIN

RECIPIENT

Authorized Official (Please, type or print) : _____

Organization: _____

Address: _____

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The RECIPIENT and the RECIPIENT SCIENTIST should SIGN both copies of this letter, INITIAL all four pages and return one signed and initialled copy to the PROVIDER SCIENTIST.

PROVIDER ORGANIZATION

Organization: **CENTRO NACIONAL DE BIOTECNOLOGIA (CNB-CSIC)**

Address **Campus de la UAM en CANTOBLANCO, C/ Darwin 3, 28049 MADRID, SPAIN**

Name: **José M^a Valpuesta Moralejo** _____

Title: **(Prof.) Director CNB** _____

Signature:

Date: _____

PROVIDER SCIENTIST

Organization: **CENTRO NACIONAL DE BIOTECNOLOGIA (CNB-CSIC)**

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Name: **Rosa Varona (rvarona@cnb.csic.es)** _____

Title: **(Dr.) Research Scientist** _____

Signature:

Date: _____

RECIPIENT SCIENTIST

Organization: _____

Address: _____

Name: _____

Title: _____

Signature: _____

Date: _____

RECIPIENT ORGANIZATION APPROVAL

Authorized Official: _____

Title: _____

Address: _____

Signature: _____

Date: _____