

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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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: _____