

## MATERIAL TRANSFER AGREEMENT

### PROVIDER ORGANIZATION

Name: Prof. Jose M<sup>a</sup> 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)**

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Name: **José M<sup>a</sup> Valpuesta Moralejo** \_\_\_\_\_

Title: **(Prof.) Director CNB** \_\_\_\_\_

Signature:

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

PROVIDER SCIENTIST

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Name: **Luis Enjuanes (l.enjuanes@cnb.csic.es)** \_\_\_\_\_

Title: **(Prof.) Research Professor CSIC** \_\_\_\_\_

Signature:

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

RECIPIENT SCIENTIST

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

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

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

RECIPIENT ORGANIZATION APPROVAL

Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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