

**STANFORD UNIVERSITY MEDICAL CENTER**

Garry P. Nolan, Ph.D.

Associate Professor

*Department of Microbiology and Immunology*

Baxter Laboratory for Genetic Pharmacology

Stanford University School of Medicine

269 Campus Drive, CCSR, Rm. 3205

Stanford, California 94305-5175

Telephone

• (650) 725-7002

FAX Number

• (650)-723-2383

E-mail

• gnolan@stanford.edu

Website

• <http://www.stanford.edu/group/nolan/>

**(IMPORTANT: Please list P.I.'s full name, SHIPPING address and phone numbers.)**

**FedEx or other courier account (for shipping):** \_\_\_\_\_

Dear \_\_\_\_\_

Per your request, I would like to make available to you the Biological Materials described below:

<u>Stanford Registry Number</u>	<u>Laboratory Designation</u>	<u>Description</u>
SBR-421	LZRS-pBMN-lacZ	EBV/retroviral vector containing orip and EBNA-1 elements, the gene unit PGK-1/Puromycin resistance and a retrovirus expressing the LacZ gene.

These Biological Materials are provided for non-clinical, non-commercial research purposes. You may not distribute the Biological Materials including any progeny and any genetically engineered modification which is substantially based on and incorporates an essential element of the Biological Materials to any other individual or entity without my prior consent.

Because the Biological Materials are experimental in nature, please note that they are provided without any warranties and that Stanford University or its employees have no liability in connection with their use.

If you agree with the above, please sign and return a copy of this letter to me for our laboratory records.

Regards,

Garry P. Nolan

\_\_\_\_\_  
AGREED AND ACCEPTED:  
(P.I.'s signature)

\_\_\_\_\_  
Signature of Requesting University or Institute Official:

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

\_\_\_\_\_  
Printed Name and Title:

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

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

**NOTE: PLEASE INCLUDE A ONE-PARAGRAPH DETAILED DESCRIPTION OF HOW YOU INTEND TO USE THE VECTOR IN YOUR RESEARCH.**