**CERTIFICATE OF RESPONSIBILITY AND NON-TRANSFER OF BIOLOGICAL MATERIAL TO THIRD PARTIES**

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| --- |
| Name:  Email:  Phone.: |

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| **UFRO Strain n0** | **Strain information** | **Number of samples** |
| UFRO 17.102 | *Penicillium expansum ·* | 01 |

I, Surname Name, Position, Institution (Address) confirm that I have the professional skills required and necessary to work with the microorganism UFRO 17.102 *Penicillium expansum*. In addition, I have the requested infrastructure to carry out research and teaching activities, under biological safety, with the requested microbial strain.

Finally, I agree to not transfer to third parties without the prior written authorization of the mRB-UFRO.

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**Date, location, Name, Signature and Identity number**