

### UBMTA Implementing Letter

The purpose of this letter is to provide a record of the biological material transfer, to memorialize the agreement between the PROVIDER SCIENTIST (identified below) and the RECIPIENT SCIENTIST (identified below) to abide by all terms and conditions of the Uniform Biological Material Transfer Agreement (“UBMTA”) published in the *Federal Register* on March 8, 1995. The RECIPIENT organization's Authorized Official also will sign this letter if the RECIPIENT SCIENTIST is not authorized to certify on behalf of the RECIPIENT organization. The RECIPIENT SCIENTIST (and the Authorized Official of RECIPIENT, if necessary) should sign both copies of this letter and return one signed copy to the PROVIDER. The PROVIDER SCIENTIST will forward the material to the RECIPIENT SCIENTIST upon receipt of the signed copy from the RECIPIENT organization.

Please fill in all of the blank lines below:

1. PROVIDER: Organization providing the ORIGINAL MATERIAL:

Organization: The Rockefeller University  
 Address: 1230 York Avenue  
New York, NY 10065-6399

2. RECIPIENT: Organization receiving the ORIGINAL MATERIAL:

Organization: University of Mysore  
 Address: Department Of Studies in Microbiology  
Manasagangotri, Mysuru – 570006, Karnataka, India.

3. ORIGINAL MATERIAL (Enter description): Plasmids: pDB114 and pdCas9

4. Termination date for this letter (optional): N.A.

5. Transmittal Fee to reimburse the PROVIDER for preparation and distribution costs (optional). Amount: N.A.

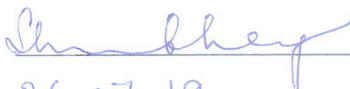
This Implementing Letter is effective when signed by all parties. The parties executing this Implementing Letter agree to be bound by the terms of the UBMTA for the transfer specified above.

The Rockefeller University Office of Technology Transfer  
 1230 York Avenue, Box 138  
 New York, NY 10065-6399  
 +1-212-327-8263 mta@rockefeller.edu

PROVIDER SCIENTIST

Name: Dr. Luciano Marraffini  
Title: Investigator/Head of Laboratory  
Address: The Rockefeller University, 1230 York Avenue  
New York, NY 10065-6399  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

RECIPIENT SCIENTIST

Name: Dr. Shubha Gopal  
Title: Principal Investigator  
Address: Department of Studies in Microbiology, University of Mysore  
Manasagangotri, Mysuru-570006, Karnataka, India  
Signature:   
Date: 26.07.19

RECIPIENT ORGANIZATION CERTIFICATION

Certification: I hereby certify that the RECIPIENT organization accepts and shall abide by the attached UBMTA terms:

Authorized  
Official: Prof. Dr. Lingaraja Gandhi  
Title: Registrar  
Address: Crawford Hall, University of Mysore  
Mysuru - 570005.  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

  
**REGISTRAR**  
**University of Mysore**  
**Mysore**

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