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|  |  |  |  | |  | | --- | | **菌 种 共 享 申 请 单** | | | | |  |  |  |
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| | --- | | 申请人 | |  |  | |  | | --- | |  | |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | --- | |  | |  | |  |  | |  | | --- | | 职务/职称 | | |  |  |  | |  | | --- | |  | | |  |  | |  | | --- | | E-mail | |  |  |  |  |  | |  | | --- | | 电话/手机 | |  |  |  | |  |  |  |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | 通信地址 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | |  | | | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | | --- | |  | |  | |  |  |  |  |  |  | |  | | --- | | 邮　编 | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | --- | | **课  题  信  息** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | | 课题名称 | | |  |  |  |  | |  | | --- | |  | |  |  |  | |  | | --- | | 课题编号 | | |  |  |  | |  | | --- | |  | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **序号** | **MCCC编号** | **拉丁属名** | **拉丁种名** | **中文名** | **提供人** | | 1 |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | 实验内容和目的 | | | | | | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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对于公益性共享的菌株，在没有和菌种所有人协商达成一致的情况下，使用方不得将其用于商业开发或专利申请，不得用于经营性活动，仅能用于非盈利性的科技基础研究、应用研究、教育及科普活动等公益事业。  7. 菌种问题反馈时间规定：菌株纯度问题有效时间为30日；因MCCC责任造成菌种不活、污染、不正确，MCCC 重新向使用方提供正确的菌种；因使用方责任造成菌种不活、污染、不正确，使用方需要重新购买菌种。  8. 甲方须先支付菌种服务的全部费用，乙方在确认收到付款后，开具增值税普通发票，税率3%，发票内容为“\*研发和技术服务\*菌种服务费”，发票抬头为付款单位，可个人付款，但不允许第三方单位付款。  9．遵循《联合国海洋法公约》，国家《深海海底区域资源勘探开发法》等有关法律规定。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | --- | | MCCC负责人： | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | | 申请方课题负责人： | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | --- | | 年   　　月   　　日 | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | 备注 | | | | |  |  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | |  |