

RIKEN BRC

CELL BANK

(Form C-0033)

**ORDER FORM**

Animal iPS cell lines (APS)

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

To: Dr. Kazuaki Nakamura, Head, Cell Bank Riken BioResource Research Center

**RECIPIENT / SHIP TO:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department/Division: \_\_\_\_\_

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

Organization Type (Please check or \* Non- Profit  For-Profit Address: \_\_\_\_\_ Country: \_\_\_\_\_ EORI Number: \_\_\_\_\_  
(EU and UK)**PLEASE CHECK ONE**\* **Payment:**  Bank Transfer  Credit Card Payment\* **Carrier:**  FedEx (Account No. \_\_\_\_\_),  World Courier Others ( \_\_\_\_\_ )

We strongly recommend the transport companies that deal the custom procedure properly. The RIKEN BRC shall have no liability for any consequences arising from the custom procedure on the side of the RECIPIENT's country.

**REQUESTED BIOLOGICAL RESOURCE**

APS No.	Cell Line Name	Qty (Frozen only)

**IMPORTANT NOTES**

\* Please make MTA (Form C-0007) for each material.

\*\* If Approver's permission is required, APPROVAL FORM (Form C-0006) must be accompanied.

**BILLING ADDRESS** ( If the billing address is different from the Recipient, Please fill out the below.)Purchase Order #: \_\_\_\_\_ VAT #: \_\_\_\_\_  
(If you have) (If you have)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Department/Division: \_\_\_\_\_

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

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

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**Please send to :** Cell Bank, RIKEN BioResource Research Center, 3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074 JAPAN ;  
 Fax : +81-29-836-9130 E-mail : cellbank.brc@riken.jp

(Reception Date \_\_\_\_\_) (Reception No. \_\_\_\_\_)

(User No. \_\_\_\_\_) (MTA No. \_\_\_\_\_)