CELL BANK

(Form C-0052)

ORDER FORM

	Goto Collection : EBV transformed B cell lines and primary fibroblasts derived from Werner syndrome patients (C Date:				
	i Nakamura, Head, Cell Bank Ri	ken BioRe			
RECIPIENT /		m: d			
	Job				
	nber:				
	vision:				
_	ype (Please check or * Non- Prof				
Address:	Country:	EORI Number:(EU and UK)			
PLEASE CHEC	K ONE				
•	ank Transfer	•			
			☐ World Courier		
☐ Ot)	TL DIVEN DDC -	
	nend the transport companies that do any consequences arising from the cu				
·	IOLOGICAL RESOURCE	•			
GMC No.	Cell Line Name		Qty (Frozen only)		
MPORTANT NO	TES		·		
Please make M7	TA (Form C-0053) for each material.				
• • •	rmission is required, APPROVAL F	*	· · · · · · · · · · · · · · · · · · ·	•	
	RES!(If the billing address is diffe		-		
(If you have)	:#:V	A 1 #: ou have)			
•	E-	,			
Telephone Number: Fax Number:					
_	vision:				
_	, 1010 III				
Address:					
Address.	Country.				
	**************************************	nter, 3-1-1 K			
	(Reception Da) (Reception N	(o.)	
	(User No.) (MTA No.)	