

RIKEN BRC **Cell Bank** (FormC-0061)

Initial Order Form for Distribution of Human ES Cells

RECIPIENT

Recipient Scientist: _____

Title: _____

Recipient Laboratory: _____

Recipient Institution: _____

Address: _____

The name of cell line(s) the recipient above requests to use:

The title of research approved by the institutional review board or institutional ethical committee:

The period of research approved by the institutional review board or institutional ethical committee:

From; _____

Until; _____

Please submit this form to the following address together with other documents.

Cell Bank, RIKEN BioResource Research Center,
3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074 JAPAN ;
E-mail : cellbank.brc@riken.jp