

ORDER FORM

Animal iPS cell lines (APS)

Date: _____

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

RECIPIENT/ SHIP TO:

Name: _____ E-mail: _____
Telephone Number: _____ Fax Number: _____
Department/Division: _____
Organization: _____
Organization Type (Please check on * Non- Profit [] For-Profit []
Address: _____ Country: _____

PLEASE CHECK ONE

- * Payment: [] Bank Transfer [] Credit Card Payment
* Carrier: [] FedEx (Account No. _____), [] World Courier, [] TNT Express,
[] DHL Global Forwarding, [] 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

Table with 3 columns: APS No., Cell Line Name, Qty (Frozen only). It contains several empty rows for data entry.

IMPORTANT NOTES

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

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: _____

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.)