

RIKEN BRC CELL BANK

(Form C-0033)

ORDER FORM

Animal iPS cell lines (APS)

Date: _____

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

RECIPIENT

Name: _____ E-mail: _____

Telephone Number: _____ Fax Number: _____

Department/Division: _____

Organization: _____

Organization Type (Please check one) * Non- Profit _____ For-Profit _____

Address: _____ Country: _____

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.****BILLING ADDRESS**

(Purchase Order # _____) (VAT Number _____)

Name: _____ E-mail: _____

Department/Division: _____

Organization: _____

Address: _____ Country: _____

APS No.	Cell Line Name	Qty (Frozen only)	Restriction
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IMPORTANT NOTES* Please make **MTA** (Form C-0007 or C0007p) for each material.** If Restriction is marked with b or c, **APPROVAL FORM** (Form C-0006) must be accompanied.

Please send to : Cell Bank, RIKEN BioResource Research Center, 3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074 JAPAN ;

Fax : +81-29-836-9130 (Reception Date _____) (Reception No. _____)

(User No. _____) (MTA No. _____)