RIKEN BRC CELL BANK (Form C-0042)

ORDER FORM

Human iPS cell lines (HPS)

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: _____

_____

_____

Human iPS cells in our repository should be shipped with a dry shipper, since the cells were preserved with a vitrification method. We strongly recommend utilizing the "cryoport" (http://www.cryoport.com/).

Carrier: ☐ CryoPort (FedEx Account No.), ☐ Others ( )

Payment: □ Bank Transfer □ Credit Card Payment

BILLING ADDRESS

(Purchase Order #) (VAT Number)

Name: _____ E-mail: _____

Department/Division: _____

Organization: _____

Address: Country: _____

_____

_____

HPS No.	Cell Line Name	Qty (Frozen only)	Restriction

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.)