

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/ 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:** CryoPort(FedEx Account No. _____), 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

HPS No.	Cell Line Name	Qty (Frozen only)

IMPORTANT NOTES

* Please make MTA (Form C-0007 or Form C-0065) 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.)