

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: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Type (Please check one) \* Non-Profit ☐ For-Profit ☐Address: \_\_\_\_\_ Country: \_\_\_\_\_ EORI Number: \_\_\_\_\_  
(EU and UK)

## PLEASE CHECK ONE

\* Payment: ☐ Bank Transfer ☐ Credit Card Payment\* Shipping method: ☐ Vitrification ; Dryshipper (CryoPort , )  
☐ Slow freezing ; Dry ice ( FedEx , World Courier , )

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.

\*\* If Approver's permission is required, APPROVAL FORM (Form C-0006 or Form C-0057) must be accompanied.

## 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: \_\_\_\_\_

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 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. )