RIKEN BRC CELL BANK (Form C-0049)

ORDER FORM

Sonoda-Tajima Collection : EBV-Transformed B cell lines derived from Mongoloid Minority Groups in South America (HSC)

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: _____

_____

_____

HSC No.	Cell Line Name	Qty (Frozen only)

IMPORTANT NOTES

* Please make **MTA** (Form C-0050) for each material.

** please send thy copy of the approval documment by the Institutional Review Board on the Institutional Ethical committee

****

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.)