

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/ SHIP TO:

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** (If the billing address is different from the Recipient, Please fill out the below.)

(If you have)(Purchase Order # _____) (VAT Number _____)

Name: _____ E-mail: _____

Department/Division: _____

Organization: _____

Address: _____ Country: _____

HSC No.	Cell Line Name	Qty (Frozen only)
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IMPORTANT NOTES

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

** please send thy copy of the approval document 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. _____)