

RIKEN BRC CELL BANK

(Form C-0052)

ORDER FORM

Goto Collection : EBV transformed B cell lines and primary fibroblasts derived from Werner syndrome patients (GMC)

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: _____

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

IMPORTANT NOTES

* Please make MTA (Form C-0053) 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. _____)