

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/ SHIP TO:

Name: _____ E-mail: _____
Telephone Number: _____ Fax Number: _____
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Organization Type (Please check on * Non- Profit [] For-Profit []
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PLEASE CHECK ONE

- * 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.

REQUESTED BIOLOGICAL RESOURCE

Table with 3 columns: GMC No., Cell Line Name, Qty (Frozen only)

IMPORTANT NOTES

* Please make MTA (Form C-0053) for each material.

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

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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.)
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