

Initial Order Form for Distribution of Human ES Cells

RECIPIENT

Recipient Scientist: _____

Title: _____

Recipient Laboratory: _____

Recipient Institution: _____

Address: _____

The name of cell line(s) the recipient above requests to use:

The title of research approved by the institutional review board or institutional ethical committee:

The period of research approved by the institutional review board or institutional ethical committee:

From; _____

Until; _____

Please submit this form to the following address together with other documents.

yukio.nakamura@riken.jp

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Head of RIKEN Cell Bank