

RIKEN BRC

CELL BANK

(Form C-0075)

ORDER FORM

Three Dimensional Culture cell lines (TDC)

Date: _____

To: Dr. Kazuaki Nakamura, Head, Cell Bank Riken BioResource Research Center

RECIPIENT / SHIP TO:

Name: _____ Job Title: _____

Telephone Number: _____ E-mail: _____

Department/Division: _____

Organization: _____

Organization Type (Please check on * Non- Profit ☐ For-Profit ☐Address: _____ Country: _____ EORI Number: _____
(EU and UK)

PLEASE CHECK ONE

* **Payment:** ☐ Bank Transfer ☐ Credit Card Payment* **Carrier:** ☐ FedEx (Account No. _____), ☐ World Courier
☐ Others (_____)

The recipient may choose the shipping carrier. Some carriers may use X-ray inspections, so please select a carrier based on your judgment. We strongly recommend the carriers 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

TDC No.	Cell Line Name	Qty (Frozen only)

IMPORTANT NOTES

* Please make MTA (Form C-0007) for each material.

** If Approver's permission is required, **APPROVAL FORM** (Form C-0006) must be accompanied.**BILLING ADDRESS** (If the billing address is different from the Recipient, Please fill out the below.)Purchase Order #: _____ VAT #: _____
(If you have) (If you have)

Name: _____ E-mail: _____

Telephone Number: _____ Fax Number: _____

Department/Division: _____

Organization: _____

Address: _____ Country: _____

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.)
 (User No.) (MTA No.)