

**ORDER FORM**

Order Date:

**RECIPIENT**

|  |  |
| --- | --- |
| Principal Investigator | Name: Job Title: |
| E-mail：　　　 Tel： |
| Organization |  |
| Department/Division |  |
| Organization Type | For Profit  Not-for-Profit |
| Address |  |
| Country |  |
| Contact Information | Name: Job Title: |
| E-mail： |
| Tel：　　　　　　　　　 　　　　Fax： |

**BIOLOGICAL RESOURCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BRC No.／Strain name | Live or Frozen | | Sex | Qty. | Notes |
| BRC No. | Live Mouse | | ♂ |  |  |
| ♀ |  |  |
| Strain name： | Embryos | Sperm |  |  |  |
| Recovered Litters from Embryos／Recovered Litters from Sperm | |  |  |  |
| Chimeric mice with ES cell clone | |  |  |  |
| BRC No. | Live Mouse | | ♂ |  |  |
| ♀ |  |  |
| Strain name： | Embryos | □Sperm |  |  |  |
| Recovered Litters from Embryos／Recovered Litters from Sperm | |  |  |  |
| Chimeric mice with ES cell clone | |  |  |  |
| BRC No. | Live Mouse | | ♂ |  |  |
| ♀ |  |  |
| Strain name： | Embryos | Sperm |  |  |  |
| Recovered Litters from Embryos／Recovered Litters from Sperm | |  |  |  |
| Chimeric mice with ES cell clone | |  |  |  |

**SHIPPING ADDRESS**

|  |  |  |
| --- | --- | --- |
| Same as Recipient | Animal facility of the RECIPIENT institute | Third party [”Agreement regarding outsourcing work” is required] |

(If the shipping address is different from the above RECIPIENT, please fill out the below.)

|  |  |  |
| --- | --- | --- |
| Contact Person |  | |
| Organization |  | |
| Address |  | |
| Contact  Information | E-mail： | |
| Tel：　　　　　　　　　 　　Fax： | |
| Courier Company | World Courier（account: ） | Others ( ) |

**BILLING ADDRESS (Invoice will be sent by e-mail.** If the billing address is different from the above RECIPIENT, please fill out the below.)

**Payment** (Please check one)**:** **BANK TRANSFER****CREDIT CARD PAYMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | Dr. Mr. Ms. |
| Organization |  | | | | |
| Address |  | | | | |
| **E-mail** |  | | | | |
| Tel / Fax | Tel：　　　　　　　　　　　　　　Fax： | | | | |
| Purchase Order #  (if you have) |  | | VAT Number  (if you have) |  | |
| Organization Type | For Profit | Not-for-Profit | |

**ADDITIONAL HEALTH MONITORING TESTS (**Please see "[Quality Control](http://www.brc.riken.jp/lab/animal/en/quality.shtml)" on our Web.)

|  |  |
| --- | --- |
| **YES** | **NO** |

**(**If additional health monitoring tests are required, please check the below □.)

|  |  |
| --- | --- |
| Class C  If all Class C items are required, please check here | *Staphylococcus aureus* (Cultivation)  *Pneumocystis carinii* f.sp. *muris*  (PCR)  *Pseudomonas aeruginosa* (Culivation) |
| Class D  If all Class D items are required, please check here | Lactate dehydrogenase-elevating virus (LDHEV)  Mouse adenovirus (MAV),  Mouse cytomegalovirus (MCMV),  Mouse minute virus (MMV),  Mouse noro virus (MNV),  Mouse parvovirus (MPV),  Mouse polyoma virus (Poly),  Mouse rotavirus (EDIM),  Pneumonia virus of mice (PVM),  Reovirus type 3 (Reo3),  Theiler's mouse encephalomielitis virus (TMEV GDVII), |
| Other request（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | |

Please send to:

|  |  |
| --- | --- |
| Experimental Animal Division | (RIKEN BRC Official Use) |
| RIKEN BioResource Research Center | (Reception Date: ) |
| 3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074 JAPAN | (Reception No. Input check: ) |
| E-mail: animal.brc@riken.jp | (User No. ) |
| Fax: +81-29-836-9010 |  |