

**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 |  |