ORDER FORM

To:

Director

Laboratory Animal Research Center

The Institute of Medical Science

The University of Tokyo

The following application for obtaining BIOLOGICAL RESOURCE from NBRP (National Bio-Recourse Project) is based on complying with the rules that stated in the Material Transfer Agreement.

1. RECIPIENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization |  | | | | |
| Address |  | | | | |
| Principal Investigator |  | | | Title |  |
| Contact person |  | | | | |
| Contact information | Phone |  | E-mail |  | |

1. BIOLOGICAL RESOURCE

|  |  |  |  |
| --- | --- | --- | --- |
| Biological resource |  | NBRP ID |  |
| Specific purpose |  | | |
| Preferred condition of rat | [ ]Population --> quantity : F [ ] / M [ ]  [ ]Frozen Embryo [ ]Frozen Sperm | | |

1. BILLING ADDRESS

|  |  |  |  |
| --- | --- | --- | --- |
| Organization |  | | |
| Address |  | | |
| Phone |  | FAX |  |
| Attention |  | | |

X

Signature of Principal Investigator / Date