

# RIKEN BRC                      JAPAN COLLECTION OF MICROORGANISMS

## ORDER FORM (payment by bank transfer or check)

Date \_\_\_\_\_

To: Japan Collection of Microorganisms  
RIKEN BioResource Research Center

<b>RECIPIENT</b>		
Name: _____		
Department / Division: _____		
Organization: _____		
Organization type (please check one)	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Not-for-Profit
Address: _____	Zipcode: _____	Country: _____
Recipient E-mail: _____	Contact person E-mail: _____	
TEL: _____	FAX: _____	
Carrier: <input type="checkbox"/> FedEx Account No. (                      ) <input type="checkbox"/> TNT Express Account No. (                      )		
<input type="checkbox"/> Post (Registered mail, except Delivery Category " F". Please see Form M-10-2)		

<b>BILLING ADDRESS</b>		
Name: _____		
Department / Division: _____		
Organization: _____		
Organization type (please check one)	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Not-for-Profit
Address: _____	Zipcode: _____	Country: _____
Your purchase order no.: _____	VAT-No.: _____	
E-mail: _____		
TEL: _____	FAX: _____	

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Please specify JCM accession number(s), scientific name(s), and biosafety level(s) on the ORDER FORM by consulting the printed or on-line catalogue of strains, and send the ORDER FORM with two copies of the Material Transfer Agreement (Form M-11), and the Approval Form (Form M-12) and/or the Acceptance of Responsibility for Potentially Pathogenic Materials (Form M-13) when required, to the following address by mail or PDF.  
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Address:

Microbe Division / Japan Collection of Microorganisms	(Column to be filled by RIKEN BRC	)
RIKEN BioResource Research Center	(Reception Date	)
3-1-1 Koyadai, Tsukuba, Ibaraki 305-0074, Japan	(Reception No.	)
<a href="http://jcm.brc.riken.jp/en/ordering_e">http://jcm.brc.riken.jp/en/ordering_e</a>	(MTA No.	)
E-mail: inquiry.jcm@riken.jp		

