



### RAT RESOURCE(S) ORDER FORM

\* Date: \_\_\_\_\_

**<RECIPIENT>**

\* Contact Person: \_\_\_\_\_ \* E-mail: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Organization: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Telephone Number: \_\_\_\_\_ \* Fax Number: \_\_\_\_\_

\* Principal Investigator: \_\_\_\_\_ \* E-mail: \_\_\_\_\_

\* Signature: \_\_\_\_\_

**ORGANIZATION TYPE (PLEASE CHECK ONE)** \* For Profit  Not-for-profit

**<SHIPPING ADDRESS>**

**<BILLING ADDRESS>**

\* Contact Person: \_\_\_\_\_ \* Attention: \_\_\_\_\_

\* E-mail: \_\_\_\_\_ \* E-mail: \_\_\_\_\_

\* Organization: \_\_\_\_\_ \* Organization: \_\_\_\_\_

\* Address: \_\_\_\_\_ \* Address: \_\_\_\_\_

\* Country: \_\_\_\_\_ \* Country: \_\_\_\_\_

NBRPRat No. / Strain Name	Category (Please check)	Sex	Qty.
NBRPRat No. Strain Name:	<input type="checkbox"/> Live rat	M	
		F	
	<input type="checkbox"/> Live rat (Mutant Strain, Transgenic strain)		
	<input type="checkbox"/> Live rat (Mutant Strain)		
	<input type="checkbox"/> Live rats from cryopreserved embryos		
	<input type="checkbox"/> Live rats from cryopreserved sperm		
	<input type="checkbox"/> Cryopreserved embryos		
	<input type="checkbox"/> Cryopreserved sperm		
	<input type="checkbox"/> Organ		
	<input type="checkbox"/> Organ (Mutant strain, Transgenic strain)		
	<input type="checkbox"/> Organ (Mutant Strain)		
	<input type="checkbox"/> DNA		
	<input type="checkbox"/> ENU mutagenesis DNA(5K) screening		
	<input type="checkbox"/> ENU mutagenesis DNA(10K) screening		
	<input type="checkbox"/> Injection		
Notes:			



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**\*Specific purpose of use (should be the same as written in article 2 of the MTA):**

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Please send this form and the Material Transfer Agreement for Distribution (and the Approval form if needed) to: National BioResource Project - Rat  
Institute of Laboratory Animals, Graduate School of Medicine, Kyoto University  
Yoshidakonoe-cho, Sakyo-ku, Kyoto, 606-8501, Japan