

**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.	<input type="checkbox"/> Live rat A		
Strain Name:	<input type="checkbox"/> Live rat B (Mutant Strain, Transgenic strain)		
	<input type="checkbox"/> Live rat C (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:			

Continued on back



***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