

# Order Sheet for Tg Rat

Academic Only

Fill this order sheet out, fax it to us on **+81-3-3968-4863** or e-mail us at

**obs-p@nisshin.com**

## ORIENTAL BIOSERVICE, INC. (OBS)

28 Kadono-cho, Nishikyogoku,

Ukyo-ku, Kyoto 615-0882 JAPAN

Phone: +81-75-322-1177 / Fax: +81-75-322-0232

Customer Information	
1. <u>Institution Name, Address and Telephone and Fax Numbers</u>	
Institution Name: Mailing Address: City: State: Zip or Postal Code: Country:  Telephone (please include your country code): Fax (please include your country code):	
2. <u>Your Name, Position and Title</u>	
3. <u>Your Telephone and Fax Numbers and E-mail Address</u>	
Phone: Fax: E-mail:	
4. <u>Designation</u> Please circle a line or lines listed below that you are requesting.  For direct experimental use only (disapprove of Breeding)  <u>Back ground: SD</u>  <input type="checkbox"/> pCIneoPDGF $\beta$ chrna4S284L ( <b>Epilepsy model Rat</b> )	
5. <u>Total Number of Lines</u> Please Note: Each line requires payment of a separate fee.  (Tg) _____males	
6. <u>Research Purpose</u>	
LEAVE BLANK – OBS USE ONLY	Date Received _____ No. _____ Total Fees _____

\* Oriental BioService, Inc. is licensed by bailor to breed and distribute above strains. You shall be responsible for complying with the terms and conditions as set forth in the Material Transfer Agreement entered by Oriental BioService, Inc. and your institution.