# Order Sheet for Tg Rat

## Corporation Only

Fill this order sheet out, **fax** it to us on **+81-3-3968-4863** or **e-mail** us at **obs-p@nisshin.com**

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| --- |
| Customer Information |
| 1. Company Name, Address and Telephone and Fax Numbers   Company Name:  Mailing Address:  City:  State:  Zip or Postal Code:  Country:  Telephone (please include your country code):  Fax (please include your country code): |
| 1. Your Name, Position and Title |
| 1. Your Telephone and Fax Numbers and E-mail Address   Phone:  Fax:  E-mail: |
| 1. Designation Please circle a line or lines listed below that you are requesting.     For direct experimental use only (disapprove of Breeding)  *Back ground: SD*  □pCIneoPDGFβchrna4S284L(**Epilepsy model Rat**) |
| 1. Total Number of Lines Please Note: Each line requires payment of a separate fee.   (Tg)　 　　　　males |
| 1. Research Purpose |
| Leave Blank – OBS Use Only Date Received  No.  Total Fees |

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