# 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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