

# 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**

## ORIENTAL BIOSERVICE, INC. (OBS)

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Customer Information	
1. <u>Company Name, Address and Telephone and Fax Numbers</u>  Company 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 _____

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