Rodent Model Resource Center

Strain Distribution Request Form

1. Recipient Information

|  |  |
| --- | --- |
| Institution Name |  |
| Institution Address |  |
| Principal Investigator Name |  |
| Title |  |
| Phone |  |
| Email |  |

2. Billing Information

|  |  |
| --- | --- |
| Institution Name |  |
| Invoice Billing Address |  |

3. Authorized Representative (for Material Transfer Agreement)

|  |  |
| --- | --- |
| Name of Authorized Representative |  |
| Institute name |  |
| Position/Title |  |
| Email |  |

4. Shipping Information

|  |  |
| --- | --- |
| Institution Name |  |
| Shipping Address |  |
| Consignee Name |  |
| Name of Contact window  |  |
| Phone |  |
| Fax |  |
| Email |  |

5. Strain and Service Request：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RMRC No. | Service name | Availability | Quantity | Price (USD) |
|  |  |  |  |  |
|  | Exportation handling fee | NA | 1 |  |
| \*Please note exportation handling fee does not include freightage costs and banking fees. |

 \*Expiration date:

Signature of recipient investigator:

The signature represents full knowledge and understanding of the contents of the **attached Personal Data Collection Consent Form**, and agrees that NLAC may collect, process, and utilize personal data within the scope of the listed collection purposes.