

# OSPEDALE POLICLINICO SAN MARTINO

Sistema Sanitario Regione Liguria  
*Istituto di Ricovero e Cura a Carattere Scientifico*

*Centro Risorse Biologiche (CRB-HSM)*

*Responsabile: Barbara Parodi*

## BANCA ICLC Order Form

N° ord. ICLC

### ORDER FORM

Please fill in this form by typewriting and send by mail to [paola.visconti@hsanmartino.it](mailto:paola.visconti@hsanmartino.it), together with the official order from your institute, to:

Banca cellule - Centro Risorse Biologiche  
IRCCS Ospedale Policlinico San Martino  
L.go Rosanna Benzi, 10  
16132 GENOVA Italy

I wish to receive the following cell lines:

cell line name	ICLC code	frozen ampoules (number)	growing cultures (number)	genomic DNA (2 - 5 or 10 µg)

The cell lines should be sent to the following address:

Name					
Institute/company					
Address					
tel.		fax		e-mail	

The invoice should be addressed to:

name					
Institute/company					
Address					
VAT number					
tel.		fax		e-mail	

Date .....

Signature .....