## 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, 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:

| <u>.</u> |                |           |                 |                  |                                 |
|----------|----------------|-----------|-----------------|------------------|---------------------------------|
|          | cell line name | ICLC code | frozen ampoules | growing cultures | genomic DNA<br>(2 – 5 or 10 µg) |
| L        |                |           | (number)        | (number)         | (2 – 5 or 10 μg)                |
|          |                |           |                 |                  |                                 |
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The cell lines should be sent to the following address:

| Name         |       |     |  |        |  |
|--------------|-------|-----|--|--------|--|
| Institute/co | mpany |     |  |        |  |
| Address      |       |     |  |        |  |
|              |       |     |  |        |  |
| tel.         |       | fax |  | e-mail |  |

The invoice should be addressed to:

| name          |       |  |     |  |        |  |  |
|---------------|-------|--|-----|--|--------|--|--|
| Institute/con | npany |  |     |  |        |  |  |
| Address       |       |  |     |  |        |  |  |
|               |       |  |     |  |        |  |  |
| VAT number    |       |  |     |  |        |  |  |
| tel.          |       |  | fax |  | e-mail |  |  |

| Date | <br>Signature   |
|------|-----------------|
|      | <br>orgridear o |

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Certificate of Accreditation and Designation as Comprehensive Cancer Centre OECI Registered Number RPM N. 0473647634