



ORDER REQUEST FORM



Please note: Your organization must have an approved ATCC account to place an order.

Distribution of ATCC materials in the United States and internationally is regulated by the U.S. Government. All orders are subject to applicable government regulations. All orders are subject to the terms and conditions of the ATCC Material Transfer Agreement (MTA) and NCI Transfer Addendum, which are available by contacting NCI-PBCFContract@atcc.org

All information on this order form must be complete and legible.

ACCOUNT INFORMATION *required for order processing

Organization Name*		Order Date
Purchase Order Number*		ATCC Account Number
Billing Address (Invoices will be sent to this address)		
Contact Name (Complete first & last name)		
Department	Building	Room Number
Street Address/P.O. Box*		
City*	State*	Zip/Postal Code*
Telephone*	Fax	E-mail (of contact name)*
Shipping Address (Complete street address; PO Boxes are not acceptable)		
Department	Building	Room Number
Street Address (PO Boxes cannot be accepted)*		
City*	State*	Zip/Postal Code*
Telephone*	Fax	E-mail*
Applicant Information (Primary Investigator)		
First Name*	Last Name*	Title
Telephone*	Fax	E-mail*
Address (Complete the information below if your address is different than the shipping address listed above)		
Department	Building	Room Number
Street Address*		
City*	State*	Zip/Postal Code*

I acknowledge that I have read and understand the terms and conditions of the ATCC Material Transfer Agreement (MTA) and NCI Transfer Addendum.

X _____
Primary Investigator (Print)

X _____
Primary Investigator's Signature and Date

Products: Cell Lines, DNA, RNA, Cell Pellet

Note:

- Reagent kit only applies to cell lines and it varies from cell line to cell line
- Reagent kits are optional when ordering cell lines and if requested, limit 1 reagent kit per cell line ordered
- Please contact the PBCF email (NCI-PBCFContract@atcc.org) with questions about what is included in the reagent kit for any cell line of interest Limit.

PRODUCTS REQUESTED

Product Number	Description	Quantity	Reagent Kit (optional when ordering cell line) yes or no	Quantity (limit 1 per cell line ordered)

Please note that applicable fees for shipping and handling will be added by ATCC.

Each Investigator is responsible for paying the costs associated with shipping and handling of the products.

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. The requested items will support a funded research project. Yes NO

(a) If yes, please specify the grant/contract number:

(b) If no, please specify how the PBCF items will be utilized:

2. Have you used PBCF biomaterial before? Yes NO

3. Have you published any research work using PBCF biomaterials and/or presented in any meeting? Yes NO
If yes, please attached the list of publications and/ or meetings attended as a separate document.

FOB: Manassas, VA, USA

Payment Terms: Net 30 days

Thank you for your order. Shipment is contingent upon confirmation of your customer account information and compliance with all applicable regulations and permit requirements. If an e-mail address is provided on this order form, a notice will be sent after your order has been processed and a sales order number has been confirmed.

The completed order form can be returned to Customer Services either by fax; our fax number is as a PDF to: NCI-PBCFContract@atcc.org