(ver. 20210322)

**Request Form for Donation of Cells for Research**

Please fill out the following items and send them by email to the document submission address (minnano-saibou@cira-foundation.or.jp).

1. Client information

|  |  |
| --- | --- |
| Name of Institution |  |
| Principal Investigator | Affiliation.  Job Title:.  First Name |
| Contact Person | Please fill in only if you are different from the principal investigator.  Affiliation.  Job Title:.  First Name |
| MTA conclusion authority | Please fill in only if you are different from the principal investigator.  Affiliation.  Job Title:.  First Name |
| Address | postal service |
| Phone number |  |
| E-mail |  |
| Other communications |  |

Please fill in only if it is different from "1. Client Information" above.

|  |  |
| --- | --- |
| recipient | Affiliation.  Job Title:.  First Name |
| Address | postal service |
| Phone number |  |
| E-mail |  |
| Other communications |  |

The number of cells to be donated is one vial for each clone.

|  |  |  |  |
| --- | --- | --- | --- |
| No. | iPS cell clone name | receiving ID | Select "Yes |
| 1 | COVID-19-iPSC-INCKBN-002 #1 | 20M84 | □ |
| 2 | COVID-19-iPSC-INCKBN-002 #2 | 20M85 | □ |
| 3 | COVID-19-iPSC-INCAXL-001 #1 | 20M86 | □ |
| 4 | COVID-19-iPSC-INCAXL-001 #2 | 20M87 | □ |
| 5 | COVID-19-iPSC-RGMC 02#1 | 20M88 | □ |

Purpose of use \*Please provide an outline of your research in about 200 words.

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5. Preferred date of arrival \*In principle, shipments are sent every Tuesday.

Please return the form to the Foundation on Friday of the same week.

|  |
| --- |
| Date :　DD　／　 MM　 　to hope |

When you receive the cells, please sign your name and send the PDF file to us.

Please submit your documents to minnano-saibou@cira-foundation.or.jp.

|  |  |
| --- | --- |
| Confirmation by Recipient | Received as requested. |
| (Signature)  Year Month Day |

Above.