



540 DIVISION STREET ▪ CAMPBELL ▪ CALIFORNIA 95008-6906 ▪ USA
408-866-6363 ▪ 800-726-3213 ▪ FAX 408-866-6364 ▪ EMAIL info@listlabs.com

PIN#



受託・特注品業務担当 (TEL:03-5684-1645)
FAX:03-5684-6539

Export License Statement

The following products have been ordered from List Biological Laboratories, Inc.:

Product number _____ Product Name: _____
Product number _____ Product Name: _____
Product number _____ Product Name: _____

Purchase terms for the products listed above:

1. are to be used in a laboratory by qualified personnel for research purposes only and will not be used in humans;
2. will not be used for diagnostic purposes (medical or veterinary);
3. will not be used for any illegal purposes;
4. will be disposed of properly and completely when research is completed;
5. may not be resold, transferred or re-exported without prior authorization by the United States Government.

Provide a complete description of specific end use: _____

Estimated amount needed for the 4-year license period:

Product number _____ Size: _____ # of vials: _____ Total: _____
Product number _____ Size: _____ # of vials: _____ Total: _____
Product number _____ Size: _____ # of vials: _____ Total: _____

Names, titles, and educational degrees of persons who will have access to the products and will work with the above mentioned products:

Name 1: _____
Name 2: _____
Name 3: _____

If abbreviations are used for your institution/company, provide the full-name equivalent:

Institution name: _____

Complete Shipping Address: _____

City _____ Postal / Zip Code _____ Country _____

Telephone number: _____

By signing below, I agree to the terms stated above:

Authorized signature: _____ Date: _____

Print Name and Title: _____

End user email address(es) for notification: _____

【見本】 ※お手数ですがサイン(自署)以外はすべて英文(ブロック体)でタイプしていただき、フナコシ受託担当まで FAX (03-5684-6539) にてお送りくださいますようお願いいたします。



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Export License Statement

今回ご購入希望の製品を記載願います

The following products have been ordered from List Biological Laboratories, Inc.:

Product number 101B Product Name: Cholera Toxin

Product number 104 Product Name: Cholera Toxin B Subunit, Low Salt

Product number _____ Product Name: _____

Purchase terms for the products listed above:

製品ご使用の条件をご確認ください。本 Statement では、以下の5つの使用条件全てにご同意いただきます。

1. are to be used in a laboratory by qualified personnel for research purposes only and will not be used in humans;
2. will not be used for diagnostic purposes (medical or veterinary);
3. will not be used for any illegal purposes;
4. will be disposed of properly and completely when research is completed;
5. may not be resold, transferred or re-exported without prior authorization by the United States Government.

Provide a complete description of specific end use:

(実験内容・実験目的を2~3行の文章で記入)

今後4年間にご使用予定の製品・容量をご記入下さい。申請が受理されれば、今後4年間、ご申請いただいた容量の範囲内でのご注文に限り、再申請は必要ありません(ご本人様のご確認のみさせていただきます)。

Estimated amount needed for the 4-year license period:

Product number 101B Size: 1 mg # of vials: 10 Total: 10mg

Product number 104 Size: 0.5 mg # of vials: 5 Total: 20 mg

Product number _____ Size: _____ # of vials: _____ Total: _____

Names, titles, and educational degrees of persons who will have access to the products and will work with the above mentioned products:

研究責任者を含む、上記製品をご使用予定の方の氏名等

Name 1: Taro Funakoshi (お名前), Professor (職位/肩書き), Ph.D(学位)

Name 2: Hanako Funakoshi (お名前), Director (職位/肩書き)

Name 3: _____

If abbreviations are used for your institution/company, provide the full-name equivalent:

Institution name: Funakoshi, Co., Ltd (勤務先名)

大学・研究所にご所属の場合は、学部・研究室名もご記入下さい。

Complete Shipping Address: 9-7 Hongo 2-Chome, Bunkyo-ku (住所)

City: Tokyo (都道府県名) Postal / Zip Code: 113-0033 (郵便番号) Country : Japan

Telephone number: 81-3-5684-1622 (電話番号)

By signing below, I agree to the terms stated above:

Authorized signature: Taro Funakoshi (ご署名) Date: 3/15 / 2014 (mm/dd/yyyy)(記入日)

Print Name and Title: Taro Funakoshi (お名前), Professor (肩書き)

End user email address(es) for notification: funakoshi-taro@funakoshi.co.jp (e-mailアドレス)

* 研究責任者のサイン(自署)・お名前/職位・e-mailアドレスをご記入下さい。
ご記入いただいたe-mail アドレスに申請受理が通知されます。