



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 164 Product Name: Shiga Like Toxin 2 (Verotoxin 2)

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 164 Size: 10µg # 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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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。

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 164 Size: 10µg # of vials: 10 Total: 10µg

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。