

Naïve Stem Cell 関連製品 (AlphaSTEM™ Product)

ご購入に際してのお願い

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企業にご所属のお客様が、本製品および派生物を薬剤候補物質の探索に使用する場合：

※本製品の購入が、初めて・2 回目以降いずれの場合も該当します。

- ・ 本ライセンスに加えて、Minerva Biotechnologies 社および iPS アカデミアジャパン (株) それぞれと、別途ライセンス契約を締結する必要があります。詳細は下記までお問い合わせ下さい。

[補足]

- ・ 本製品の使用により得られたデータを論文等で発表する場合は、本ライセンス以上の制限はございません。

ご不明な点につきましては、下記までお問い合わせ下さい。

お問い合わせ先：受託・特注品業務担当

Tel. 03-5684-1645 Fax 03-5684-6539

e-mail : jutaku@funakoshi.co.jp

Naïve Stem Cell 関連製品 (AlphaSTEM™ Product) 確認書

※必要事項をご記入の上、販売店担当者にお渡し下さい。

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 (3) 当社へのお問い合わせや資料等のご請求への対応のため (4) 当社が取扱う商品・サービスの変更案内やサポート情報の提供のため

※ご記入いただいた内容の確認等のため、当社担当者よりご連絡もしくは訪問させていただく場合があります。

お客様記入欄

ご記入日： _____ 年 _____ 月 _____ 日

ご購入製品

ご購入数	Cat. No.	品名
	MN01500	AlphaSTEM™ Naïve hPSC Medium
	MC01360	AlphaSTEM™ Culture Substrate
	MD00312	AlphaSTEM™ Differentiation Inducer
	MSM0001	AlphaSTEM™ Naïve iPSC Line, Male
	MSF0001	AlphaSTEM™ Naïve iPSC Line, Female

お客様情報

お名前	()		
勤務先			
所属部署			
住所			
Tel.		Fax	
e-mail			

AlphaSTEM™ Product ご購入の状況 (該当する□にチェックを入れて下さい)

今回初めて購入する。 → 4ページに必要事項をご記入の上、本確認書と併せて販売店担当者にお渡し下さい。

以前 (_____ 年 _____ 月頃) に購入したことがある。

→ 本確認書に必要事項をご記入の上、販売店担当者にお渡し下さい。

販売店記入欄

社名		担当者名	
Tel.		Fax	
e-mail			
ご注文番号			

※販売店の方へ：

本確認書を通常の注文書と併せて、当社受託・特注品業務担当 (Fax : 03-5684-6539) へお送り下さい。

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Customer agrees to these terms and conditions of use.

Signature: _____

Printed Name: _____

Organization: _____

Department: _____

Organization Address: _____

Date: _____