



# Developmental Studies Hybridoma Bank

## Terms of Agreement

IMPORTANT! THIS IS A CONTRACT. PLEASE READ CAREFULLY BEFORE SUBMITTING ORDER.

**End user** must complete and agree to the *Terms of Agreement* to place first order.\*

If this agreement has been completed previously, go directly to the Order Form.

I hereby agree that all hybridomas, products of hybridomas, sequences thereof and other capture reagents, as well as antigen capture sequences of those products received by me from the Developmental Studies Hybridoma Bank (DSHB), are distributed for research purposes only. I also agree not to sell or use for commercial purposes any of the above reagents or their antigen capture sequences or distribute these to third parties for any purposes, whether for research or commercialization.

I agree to provide to Dr. David R. Soll, c/o DSHB, at The University of Iowa, the citation of any published article describing the results of experiments utilizing the hybridomas or their products. I further agree to cite the investigator(s) who developed the reagent and the DSHB, originally developed under the auspices of the National Institute of Child Health and Human Development, NIH, in any publication(s) involving these materials. The suggested acknowledgment statement is as follows:

The (select: hybridoma, monoclonal antibody, or protein capture reagent,) developed by [Investigator(s) or Institution] was obtained from the Developmental Studies Hybridoma Bank, created by the NICHD of the NIH and maintained at The University of Iowa, Department of Biology, Iowa City, IA 52242.

In addition, I realize that the DSHB warrants the efficacy of the product only to the extent of the characterization provided in the data sheets by replacement or refund. In addition, I realize that I assume all risks and responsibilities in connection with receipt, storage and use of materials from the DSHB. I realize that the DSHB warranty is for 30 days and shall not exceed purchase and handling costs. I realize the materials purchased are not for human use.

\*This holds even if an agreement between the institution and DSHB already exists.

Please check the relevant boxes.

1.  **Name** \_\_\_\_\_ I have read and accept the *Terms of Agreement*.\*

2.  This is my lab's first order. My institution is non-profit  for-profit

**Title**

**Department/Division**

**Institution/Organization**

**Street Address**

**City**

**State/Province**

**Zip/Post Code**

**Country**

**Telephone**

**Fax**

**Email**

How did you hear about us?  Brochure  Catalog  Colleague  E-Mail  Facebook  Internet  Meeting  Publication  Other - If Other, please specify \_\_\_\_\_



# Developmental Studies Hybridoma Bank

## ORDER FORM

(Please type this form or print legibly)

**NAME** \_\_\_\_\_  
**TELEPHONE #** \_\_\_\_\_  
**FAX #** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_

**DATE** \_\_\_\_\_  
**PURCHASE ORDER #** \_\_\_\_\_  
or Credit Card Information (See below)  
**Name on Agreement form** \_\_\_\_\_

**SHIPPING ADDRESS:**

**Name/Attn:** \_\_\_\_\_  
**Institution:** \_\_\_\_\_  
**Address 1:** \_\_\_\_\_  
Department, suite, unit, building, floor, etc.  
**Address 2:** \_\_\_\_\_  
Street Address, no PO Boxes  
**City** \_\_\_\_\_  
**State/Province** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Country:** \_\_\_\_\_

**BILLING /CREDIT CARD RECEIPT ADDRESS:**

**Name/Attn:** \_\_\_\_\_  
**Institution:** \_\_\_\_\_  
**Address 1:** \_\_\_\_\_  
Department, suite, unit, building, floor, etc.  
**Address 2:** \_\_\_\_\_  
Street Address  
**City** \_\_\_\_\_  
**State/Province** \_\_\_\_\_ **Zip** \_\_\_\_\_

## ORDER INFORMATION

<u>Antibody Name</u> (e.g. MF20)	<u>Product Form</u> (e.g. Supernatant)	<u>Quantity</u> (e.g. 3 ml)	<u>Cost</u> (e.g. \$120.00)

**MC / VISA / AMEX #:** \_\_\_\_\_  
**Expiration date:** \_\_\_\_\_  
**Cardholder name:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Product Total \$ \_\_\_\_\_  
Estimated Shipping \$ \_\_\_\_\_  
**Order Total \$** \_\_\_\_\_

**Important Notes**

(Please Photocopy this order form if you plan to order more than once.)  
You must fill out an Agreement form with your first order.. Prices are subject to change without notice. Shipping charges are at buyer's expense. Make checks payable to "The University of Iowa" (not "DSHB"). The Federal I.D. No. for the University of Iowa is 42-6004813. Terms are net 30 days in U.S. dollars. Orders should be faxed or emailed to: (319) 335-2077, [dshb@uiowa.edu](mailto:dshb@uiowa.edu). Please include a current telephone number and email address. Contact us at: tel (319) 335-3826; fax (319) 335-2077; email [dshb@uiowa.edu](mailto:dshb@uiowa.edu)