



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

Position 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 _____

DATE _____

TELEPHONE # _____

PURCHASE ORDER # _____

FAX # _____

or Credit Card Information (See below)

E-MAIL _____

Name on Agreement form _____

SHIPPING ADDRESS:

BILLING /CREDIT CARD RECEIPT ADDRESS:

Name/Attn: _____

Name/Attn: _____

Institution: _____

Institution: _____

Address 1: _____

Department, suite, unit, building, floor, etc.

Address 1: _____

Department, suite, unit, building, floor, etc.

Address 2: _____

Street Address, no PO Boxes

Address 2: _____

Street Address

City _____

City _____

State/Province _____ Zip _____

State/Province _____ Zip _____

Country: _____

ORDER INFORMATION

Antibody Name

(e.g. MF20)

Product Form

(e.g. Supernatant)

Quantity

(e.g. 3 ml)

Cost

(e.g. \$120.00)

<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 #: _____

Product Total \$ _____

Expiration date: _____

Estimated Shipping \$ _____

Cardholder name: _____

Order Total \$ _____

Email Address: _____

Important Notes

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 the DSHB. The University of Iowa Federal Tax ID number is 42-6004813. Terms are net 30 days in US dollars. **For security purposes, orders providing credit card information must be sent to our secure fax (319) 359-4079 only.** Please include a current phone number and email with your order.