

Developmental Studies Hybridoma Bank

Order Form

IMPORTANT! THIS IS A CONTRACT.

PLEASE READ CAREFULLY BEFORE SUBMITTING ORDER.

Before placing an order, you must first agree to the terms of this Agreement:

I hereby agree that all hybridomas, or products of hybridomas, 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 hybridomas or their products or to distribute these to third parties for any purposes, whether for research or sale.

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

The (hybridoma or monoclonal antibody) developed by [(Investigator(s))] was obtained from the Developmental Studies Hybridoma Bank developed under the auspices of the NICHD and maintained by The University of Iowa, Department of Biology, Iowa City, IA 52242.

In addition, I will exempt from liability and hold harmless the DSHB and the Contributor from any claims, costs, damages, or expenses resulting from any injury or loss that may arise from my use of DSHB materials. I assume all risks and responsibilities in connection with the receipt, handling, storage and use of materials from the Developmental Studies Hybridoma Bank.

Please check the relevant boxes.

1. I have read and accept the terms of the Agreement.^a

Name _____ (completion of the order form is mandatory for shipping purposes)

2. This is my lab's first order.

My institution is non-profit ___ for-profit ___

Name _____

Title _____

Department/Division _____

Institution/Organization _____

Street Address _____

City _____

State/Province _____

Zip/Post Code _____

Country _____

Tel _____ Fax _____

Email _____

a. If you cannot check box 1, please call for clarification and options [(319) 335-1058].

