

## Order form for Requesting the Equipment required for the Rabies Antibody Test

Date:

Name	
Address	
Postcode	
Tel & FAX	

1. Please select the items that you require.
2. Please transfer the money to:  
 Bank Name: MIZUHO BANK  
 Branch Name: MACHIDA BRANCH  
 Account Number: 1140722  
 Account Holder: Research Institute for Animal Science in Biochemistry and Toxicology
3. Please send the order form and the bank transfer certificate by FAX, E-mail(PDF) or post.
4. The items will be shipped after completion of remittance is confirmed.

		by Japanese yen (Including tax)	Number
1	Microchip	1,510	
2	Serum container (primary and secondary)	220	
3(※)	Microchip reader	19,000	
4	Shipping cost (choose and fill in from Table A)		
	<b>Total</b>		

Table A: Shipping cost	· Asia · Guam · Saipan	· Oceania · North America · Middle East · Central America	· Europe	· Africa
Order without a microchip reader	1,400	2,000	2,200	2,400
Order with a microchip reader	2,100	2,900	3,200	4,100

※3 When you select the microchip reader, please designate a bank account to which the balance of the deposit should be transferred.

Bank account
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