



ORDER FORMS FOR MATERIALS FROM MACEDONIAN HUMAN DNA BANK (hDNAMKD)

Please print out and fill in the two application forms below, and send them either by fax or mail them to us to the address indicated below. We need hardcopies, since signatures are mandatory.

Request Form for DNA

Date : _____
Applicant's Name: _____ Signature _____
Name of Head of Laboratory: _____
Signature _____
Institution: _____

Please check one of the following;

- Public Research Institute
 Private company
 Others

We would very much appreciate receiving an introductory pamphlet about (or web site address for) your organization for our reference if this is available.

Address: _____

Phone : _____
Fax: _____
Email: _____

Material required (please indicate, which DNA you require):

(Use additional paper if necessary.)

Title of the research project in which the DNA will be used:

Purpose of your research:

Your latest publication (title, authors, journal, year, volume, pages)

Please return together with the Assurance Form on the next page.

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(For filing by IIBHG)

Number of file document for delivery: _____

Name of Director of Institute of Immunobiology and Human Genetics (IIBHG):

_____ signature _____



Assurance Form

As recipient of DNA From the Macedonian Human DNA Bank (hDNAMKD) at the Institute of Immunobiology and Human Genetics (IIBHG), we agree to the following terms:

1. Priority on DNA resides with the original depositors. Delivery will be according to restrictions by the depositor, if any.
2. Delivered DNA should be used for research purposes only and should not be given or sold to any third party.
3. Secondary distribution shall only be done after receipt of written approval by the depositors of the DNA.
4. At publication, the recipient will include the name(s) of the original depositors and references and acknowledge that the DNA were obtained from the Macedonian Human DNA Bank (hDNAMKD). A copy of the published paper should be sent to the original developers.

Date: _____

Institution: _____

Name of Principal
Investigator: _____

Signature: _____

Name of Head of
Laboratory: _____

Signature: _____

Please return both the **Request Form For DNA** and this **Assurance Form** to the following address:

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