

UMAB Cytokine Core Laboratory
ORDER SHEET

NAME: _____ DATE: _____

ADDRESS FOR INVOICE:

E-mail:

PHONE: _____ FAX: _____

SAMPLE DESCRIPTION (We are unable to store samples once assays are complete)*:

SUPERNATANTS _____ SERUM _____ PLASMA _____ OTHER _____

ARE THESE SAMPLES INFECTIOUS? _____

ASSAY	HUMAN, MOUSE OR RAT	MULTIPLEX OR ELISA	# OF SAMPLES	PRICE/SAMPLE	TOTAL/ASSAY

Discounts _____ Final Total _____

METHOD OF PAYMENT (check one):

Credit Card: Cardholder Name: _____
Credit Card Number: _____
Three digit security code: _____
Expiration Date: _____

Signature authorizing payment method: _____

Journal Entry (UMB only):

GLBU	PROJECT ID	OWNER DEPT	PROGRAM	FUND	ACCOUNT	TX DEPT	PCBU	ACT ID
PSUMB						10408140		00

Purchase Order Number _____ (attach a copy of the PO to this request or provide the bill to name and address)

Please complete all information above. Sample volume of 175ul, per assay, should be aliquoted in individual 1.5 ml polypropylene microcentrifuge tubes, labeled and delivered to UMAB CCL:

Cytokine Core Laboratory, MSTF, 10 S. Pine Street, Room 8-64A, Baltimore, MD 21201

***Lengthy storage and freeze thaws may compromise the integrity samples**

ASSAYS ARE FOR RESEARCH PURPOSES ONLY

RECEIVED _____	RUN _____	BILLED _____
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