

UMAB Cytokine Core Laboratory
ORDER SHEET

NAME: _____ DATE: _____

MAILING ADDRESS: _____

E-mail: _____

PHONE: _____ FAX: _____

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

SUPERNATANTS _____ SERUM _____ PLASMA _____ OTHER _____

ARE THESE SAMPLES INFECTIOUS? _____

ACCOUNT # (UMAB ONLY) OR PO# (for billing): _____

(UMAB customers: Please initiate an IDT for payment, work cannot be completed without one)

(All other customers: Please include a copy of the PO, work CANNOT be completed without a copy)

BILLING ADDRESS: _____

FOR CREDIT CARD PAYMENTS: ACCOUNT HOLDER _____

ACCOUNT NUMBER _____

EXPIRATION DATE _____

SIGNATURE OF HOLDER _____

ASSAY	HUMAN, MOUSE OR RAT	STANDARD OR HIGH SENSITIVITY	# OF SAMPLES	PRICE/SAMPLE	TOTAL/ASSAY

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