

SERVICE ORDER FORM

Capital Biosciences, Inc., 843-J Quince Orchard Blvd. Gaithersburg, MD 20878 Tel: 1-800-475-2812 Fax: (240) 363-0739

QUOTATION OR CATALOGUE # _____

CUSTOMER INFO	BILLING INFO
NAME _____	METHOD OF PAYMENT <input type="checkbox"/> PO <input type="checkbox"/> CREDIT CARD
COMP./INST. _____	(Please call or check <input type="checkbox"/> to contact you for credit card information)
ADDRESS _____	P.O. NUMBER _____
_____	BILLING ADDRESS _____
_____	_____
PHONE _____	CONTACT NAME _____
FAX _____	PHONE _____
EMAIL _____	FAX _____
	EMAIL _____

SAMPLE TYPE culture supernatant tissue extract plasma serum other: _____

NUMBER OF SAMPLES _____ SAMPLE VOLUME _____ (minimum of 30µl for serum and plasma, 50µl for culture supernatant + blank media)

NOTE: WE DO NOT SERVICE INFECTIOUS SAMPLES!

SHIPPING: Please fill out this form and include it in the package. Ship samples on dry ice by overnight delivery on any day except Friday.

Please email to info@capitalbiosciences.com to let us know about the shipment.

**SHIPPING ADDRESS: Capital Biosciences, Inc
843-J Quince Orchard Blvd.
Gaithersburg, MD 20878**

For CBI staff only:
RECEIVED ON _____
CONDITION _____
COMPLETED ON _____
REPORT EMAILED ON _____
CUSTOMER ID # _____

SHIPPING DATE ____/____/____