



# technologies

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## ASSAY SERVICE ORDER FORM

Quote#: \_\_\_\_\_  
Order Date: \_\_\_\_\_

*Use TAB key to switch between fields*

**Customer's Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**New Clients:**

How did you hear about Eve Technologies?

- Website
- Search Engine Advertisement
- Publication
- Published Advertisement
- Referral
- Tradeshaw
- Poster
- Other: \_\_\_\_\_

**Order/Payment Information**

Order Description (Kit / Plex # - Refer to Quote) _____
Purchase Order #: _____ - OR - Credit Card #: _____    Expiry Date: _____    VISA    MasterCard Cardholder's Name: _____

**Billing Information:**

**E-mail Results to:**

(complete if different from billing info)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Company/Org.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Specimen and Tube Information**

<p><b>Sample Type:</b></p>   <p><b>Species:</b></p>  <p><b>Number of Samples:</b></p>  <p><b>Are your Samples Infectious?*</b> If your samples are infectious please contact us via the contact form on our website</p> <p><b>Sample Volume Provided:</b> Must be at least the minimum required volume outlined on your quote</p>	<p>Serum Plasma Cell Culture supernatant Cell lysate Tissue homogenate Other: _____</p> <p>Human Mouse Rat Other: _____</p> <p>_____ Assayed in:   Single   Duplicate   Triplicate</p> <p>Yes, Category A Yes, Category B No</p> <p>_____ µl</p>
<p><b>Tube Type/Size:</b> The recommendations for tube size and type can be found here: <a href="#">Tubes and Labeling Information</a></p>	<p>Type: _____   Size (volume): _____</p>
<p><b>Additional Comments:</b></p>	

\*Eve Technologies does not perform services on category A infectious substances. We may conduct services on category B infectious substances for additional set-up and decontamination fees; however, the service proposal is evaluated for safety and the decision is made on a case by case basis. Please consult our guide: 'Safe and Effective Shipping of Biological Samples' for more information on classifying and packaging your biological specimens.

Signature: \_\_\_\_\_

Please complete this form and fax or email it to us at your earliest convenience. We also ask that you also include a copy with your samples.

**For Internal Use Only:**

Samples Received on: _____	Data sent on: _____ By: _____
Number of Samples Received _____	
Test completed on: _____	