

## Order Form – Analysis of Saliva, Serum/Plasma, Urine Samples

Contact Details	
Institute/ Department:	
Contact Person:	
Email:	Telephone:
Reference / Project No.:	
<b>Shipment of Samples</b>	<p><b>For smooth shipment and rapid analysis of your samples:</b></p> <ul style="list-style-type: none"> <li>- Write <b>consecutive numbers</b> on the cap and tube of your saliva samples</li> <li>- Use a <b>waterproof pen</b>.</li> <li>- Put 10-30 saliva samples in a <b>zipper bag and label</b> the bag – again, use a <b>waterproof pen</b>.</li> <li>- <b>Do not state any commercial value on the shipment documents</b> (state \$1 or \$0 USD/EUR as the commercial value).</li> </ul> <p><b>Important: Provide the following customs tariff number: 3001 2010</b></p> <ul style="list-style-type: none"> <li>- <b>Please notify <a href="mailto:ina.kaden@tu-dresden.de">ina.kaden@tu-dresden.de</a> prior to shipping. THANK YOU!!</b></li> </ul>
<input type="checkbox"/> Saliva <input type="checkbox"/> Serum/Plasma <input type="checkbox"/> Urine                      Number of samples:	
<b>Note: A different form is available for the analysis of hair samples.</b>	
<input type="checkbox"/> Complete shipment                      Shipment date:	
<input type="checkbox"/> Partial shipment                      Expected date of next shipment:	
Performance of Analysis	
<input type="checkbox"/> Immuno-Assay <input type="checkbox"/> LC-MS/MS (full steroid panel possible, please specify your request below)	
Requested Analyte(s)	
<input type="checkbox"/> Cortisol <input type="checkbox"/> Testosterone <input type="checkbox"/> Dehydroepiandrosterone (DHEA)	
<input type="checkbox"/> Cortisone <input type="checkbox"/> Estradiol <input type="checkbox"/> Dehydroepiandrosterone Sulfate (DHEA-S)	
<input type="checkbox"/> Amylase <input type="checkbox"/> Progesterone <input type="checkbox"/> Corticosterone <input type="checkbox"/> Other:	
<input type="checkbox"/> Single determination (standard) <input type="checkbox"/> Duplicates (please specify number and analyte(s))	
Storage / Disposal of Samples after Assay	
<input type="checkbox"/> Ok, discard samples 2 weeks after assay <input type="checkbox"/> Storage in Dresden up to 6 month (then discard)	
<input type="checkbox"/> Return to sender <input type="checkbox"/> Return shipment with dry ice	
Please name preferred courier service and your customer number:	
Return address:	
Your Message to the Lab:	

<b>Invoice Address</b>	
<b>Customer Identity</b>	
<input type="checkbox"/> University/ Other Business enterprise <input type="checkbox"/> Private	
<b>VAT ID:</b>	
Customers from EU member states please provide the VAD ID to apply the reverse charge mechanism.	
<b>Your Message to Accounting:</b>	
<b>Date</b>	<b>Signature/ Stamp</b>
<b>Lab Records (for internal use only - please do not fill in)</b>	
<b>Probeneingang:</b>	
<b>Änderungen:</b>	
<b>Initiiert von/ Datum:</b>	
<b>Auftrag erledigt am:</b>	
<b>Bearbeiter:</b>	
<b>Versand Ergebnisse:</b>	

**Please send your samples to the following address:**

Prof. Dr. Clemens Kirschbaum  
Technische Universität Dresden  
Andreas-Schubert-Bau, Room 212 – 214  
Zellescher Weg 19  
D – 01069 Dresden, GERMANY