

Order Form – Analysis of Hair Samples

Contact Details													
Institute/ Department:													
Contact Person:													
Email:													
Telephone:													
Reference / Project No.:													
Shipment of Samples	<p>For smooth shipment and rapid analysis of your samples:</p> <ul style="list-style-type: none"> - Write consecutive numbers on the aluminium foils of your samples - Do not state any commercial value on the shipment documents (state \$1 or \$0 USD/EUR as the commercial value). <p>Important: Provide the following customs tariff number: 3001 2010</p> <ul style="list-style-type: none"> - Please notify ina.kaden@tu-dresden.de prior to shipping. THANK YOU !! 												
Complete shipment	Shipment date:												
Partial shipment	Expected date of next shipment:												
Number of samples:													
Performance of Hair Analysis													
Immunoassay	LC-MS/MS (full steroid panel, please specify your request below)												
Number of Segments:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table>	1	2	3	4								
1	2	3	4										
Length of Segments:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">1 cm</td> <td style="width: 25%; text-align: center;">2 cm</td> <td style="width: 25%; text-align: center;">3 cm</td> <td style="width: 25%; text-align: center;">4 cm</td> </tr> </table>	1 cm	2 cm	3 cm	4 cm								
1 cm	2 cm	3 cm	4 cm										
Requested Analyte(s)													
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Cortisol</td> <td style="width: 25%;"><input type="checkbox"/> Cortisone</td> <td style="width: 25%;"><input type="checkbox"/> Testosterone</td> <td style="width: 25%;"><input type="checkbox"/> Progesterone</td> </tr> <tr> <td><input type="checkbox"/> Dehydroepiandrosterone (DHEA)</td> <td colspan="3"><input type="checkbox"/> Corticosterone</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Cortisol	<input type="checkbox"/> Cortisone	<input type="checkbox"/> Testosterone	<input type="checkbox"/> Progesterone	<input type="checkbox"/> Dehydroepiandrosterone (DHEA)	<input type="checkbox"/> Corticosterone			<input type="checkbox"/> Other:			
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<input type="checkbox"/> Other:													
Storage/ Disposal of Samples after Assay													
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Ok, discard samples 2 weeks after analysis</td> <td style="width: 50%;"><input type="checkbox"/> Storage in Dresden (on special request only)</td> </tr> <tr> <td><input type="checkbox"/> Return to sender</td> <td>Please name preferred courier service and your customer number:</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Ok, discard samples 2 weeks after analysis	<input type="checkbox"/> Storage in Dresden (on special request only)	<input type="checkbox"/> Return to sender	Please name preferred courier service and your customer number:	<input type="checkbox"/> Other:							
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<input type="checkbox"/> Other:													

Your Message to the Lab:	
Invoice Address	
Customer Identity	
<input type="checkbox"/> University/ Other Business enterprise	<input type="checkbox"/> Private
VAT ID:	
Your Message to Accounting:	
Date	Signature/ Stamp
Lab Records (for internal use only – do not fill in)	
Probeneingang:	
Änderungen:	
Initiiert von/ Datum:	
Auftrag erledigt am:	
Bearbeiter:	
Versand Ergebnisse:	

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