

Order Form – Analysis of Plasma / Serum samples

Note: Different forms are available for the analysis of saliva, urine, or hair samples

Contact Details	
Institute/ Department:	
Contact Person:	
Email:	Telephone:
Reference / Project No.:	
Serum	Plasma
	Li-Hep EDTA Citrate
Complete shipment	Shipment date: <input type="text"/>
Partial shipment	Approx. date of next shipment: <input type="text"/>
Number of samples in this shipment: <input type="text"/>	
Analysis Type and Analytes	
Immuno-Assay	LC-MS/MS
Cortisol	<input type="text"/>
Testosterone	<input type="text"/>
Please add the requested analytes:	<input type="text"/>
<input type="text"/>	
Single determination (standard)	Duplicates (please specify number and analyte(s))
Storage / Disposal of Samples after Assay	
Ok, to discard samples 2 weeks after assay* Return**	Storage in Dresden up to 6 month, then discard** Return shipment with dry ice**
Please name preferred courier service and your customer number:	
Return address:	
Your Message to the Lab:	
Important shipping notes	For smooth shipment and rapid analysis of your samples: <ul style="list-style-type: none">- Make sure to send the samples by express and with sufficient dry ice- If possible, send two aliquots of 500 µl for each sample- Use tubes with screw caps and send them in tube racks.- Write consecutive numbers on the cap and tubes of your samples. Use a waterproof pen.- Please consult us in advance if you use barcodes.

* this service is free of charge

** this service is offered at a fee

Important shipping notes	<p>For smooth shipment and rapid analysis of your samples:</p> <ul style="list-style-type: none"> - Do not state any commercial value on the shipment documents (state \$1 or \$0 USD/EUR as the commercial value). Important: Provide the following customs tariff number: 3001 2010 - Please notify ina@dresden-labservice.de prior to shipping. THANK YOU!!
Invoice Address	
Customer Identity	
<input type="checkbox"/> University/ Other Business enterprise <input type="checkbox"/> Private	
VAT ID:	
Customers from EU member states outside Germany please provide the VAD ID.	
Your Message to Accounting:	
Date	Signature/ Stamp
Lab Records (for internal use only - please do not fill in)	
Probeneingang:	
Änderungen:	
Initiiert von/ Datum:	
Auftrag erledigt am:	
Bearbeiter:	
Versand Ergebnisse:	

Please send your samples to the following address:

Dresden Labservice GmbH
Tatzberg 47-49
D-01307, Germany