

Order Form – LC-MS/MS 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 more than \$1 USD/EUR as the commercial value on the shipment documents. - Important: Provide the following customs tariff number: 0501 0000 - Please notify lna@dresden-labservice.de prior to shipping. THANK YOU !! - We DO NOT recommend to ship samples with UPS (unreliable service in Dresden)
Complete shipment	Shipment date:
Partial shipment	Expected date of next shipment:
Number of samples: Please indicate the number of hair samples in this shipment!	
Performance of Hair Analysis	
Number of Segments:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Please specify into how many segments the hair sample should be cut. You will receive a separate result for each segment.
Length of Segments:	<input type="checkbox"/> 1 cm <input type="checkbox"/> 2 cm <input type="checkbox"/> 3 cm <input type="checkbox"/> 4 cm Please specify how long you want the individual hair segments to be. A length of 1 cm corresponds to a hair growth rate of approx. 1 month.
Requested Analyte(s)	
<input type="checkbox"/> Cortisol* <input type="checkbox"/> Cortisone* <input type="checkbox"/> Testosterone* <input type="checkbox"/> Progesterone* <input type="checkbox"/> Dehydroepiandrosterone (DHEA)* <input type="checkbox"/> Other:	
Storage/ Disposal of Samples after Assay	
<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:	

* Included in the steroid panel

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:

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