

# Dextran ELISA Kit Request Form

Company \_\_\_\_\_

Contact \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**In order to reduce testing delays due to insufficient materials please order 10% more than you expect to you.**

*Please ensure your sample size meets the minimum requirements for all requested analyses.*

# Items	Item Name	Unit Price	Item Unit	TOTAL
	4kD Dextran	\$1.00	Grams	
	Serum Separator Microtainer	\$2.00	Tube	
	Cryotube	\$0.50	Tube (x2)	
	Capillary Tube	\$0.50	Tube (x2)	
	Dry Ice Label	\$0.50	Label	
	Biohazard bag	\$0.50	Bag	
	Insulated Cooler+ cardboard box	\$10.00	Cooler	
Shipping is billed by The Size of Shipment – Check Speed of Delivery or Leave Blank if Using Your Account				
	UPS Overnight			
	UPS 2 <sup>nd</sup> Day			
	UPS Economy			

Total Due	
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Accounts Payable Billing Address

To the Attention of: \_\_\_\_\_

To The Attention of: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Payment Method:

PO# \_\_\_\_\_

Shipping Account – Leave Blank if You Want to Be Invoiced for Shipping

Ad Account Number \_\_\_\_\_

Ship Via    UPS    DHL    FedEx    OTHER

Shipping Type: Overnight                      2-Day                      Economy

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Remit this form with your samples and payment to: Metabaxis 601 Biotech Dr. Richmond VA 23235**

*For any additional questions or concerns, or to make a credit card payment by phone, please contact us at: 804-876-2206*

*email [info@dmetabaxis.com](mailto:info@dmetabaxis.com) . Metabaxis will not process samples without payment*