



**Order Form
ENDOTOXIN TESTING**

Date:

PRINCIPAL INVESTIGATOR:			
TITLE:			
INSTITUTION:			
ADDRESS:			
PHONE (<input type="checkbox"/> preferred):	FAX (<input type="checkbox"/> preferred):	CELL (<input type="checkbox"/> preferred):	E-MAIL (<input type="checkbox"/> preferred):

r-Factor C assay

\$400/plate setup plus \$50 per sample (up to 5 samples per plate)

Samples	Describe your samples. Please indicate, if the samples contain detergents or were exposed to detergents previously.
#1	
#2	
#3	
#4	
#5	
#6	
#7	
#8	
#9	
#10	

Your comments: