

**Order Form  
ENDOTOXIN ASSAY**

**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):

**SERVICES REQUESTED**

**LAL kinetic assay** \$620/plate, 1 week turnaround time (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:**