

COMPLETED FORM MUST BE SENT WITH YOUR SAMPLES. \* INDICATES REQUIRED INFORMATION

\* Date \_\_\_\_\_

**Analysis Requested By:**

\* NAME \_\_\_\_\_

\* PI \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country \_\_\_\_\_

\* Phone \_\_\_\_\_

Fax \_\_\_\_\_

\* Email \_\_\_\_\_

**Billing Information:**

\* BILLING CONTACT \_\_\_\_\_

\* Institution \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country \_\_\_\_\_

\* Phone \_\_\_\_\_

Fax \_\_\_\_\_

\* Email \_\_\_\_\_

**\* Payment Method (Please check one)**

GlycoAnalytics accepts payment via check or wire transfer only. Credit card payments cannot be accepted.

- Service Agreement \_\_\_\_\_
- Purchase Order # \_\_\_\_\_
- UCSD Recharge Index \_\_\_\_\_
- University of California Recharge Index \_\_\_\_\_
- Check (Payable to UC Regents. Mail to: GlycoAnalytics, 9500 Gilman Dr. #0687 La Jolla, CA 92093-0687)

QTY	CATALOG #	DESCRIPTION/SAMPLE NAME	UNIT PRICE	TOTAL PRICE
TOTAL				

*Please acknowledge UC San Diego GlycoAnalytics if data generated by the GlycoAnalytics is used in publications.*

GlycoAnalytics Use ONLY. Please do not write below this line.

Date Received \_\_\_\_\_ Results Sent \_\_\_\_\_ Date Billed \_\_\_\_\_

Requisition # \_\_\_\_\_ Work Completed by \_\_\_\_\_