

Completed form must be sent with your samples

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)

Purchase Order # _____

UCSD Recharge Index _____

University of California Recharge Index _____

Check (Payable to UC Regents. Mail to: Glycotech Core Resource, 9500 Gilman Dr. #0687 La Jolla, CA 92093-0687)

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

Please acknowledge UC San Diego Glycotechnology Core Resource if data generated by the Core is used in publications.

Glycotech Core Use ONLY. Please do not write below this line.

Date Received _____ Results Sent _____ Date Billed _____

Requisition # _____ Work Completed by _____