

ALL FIELDS REQUIRED UNLESS OTHERWISE INDICATED. COMPLETED FORM MUST BE SUBMITTED WITH YOUR SAMPLES.

ANALYSIS REQUESTED BY _____ DATE _____

NAME _____ INSTITUTION NAME _____
 EMAIL _____ TYPE UC Recharge Nonprofit For-Profit
 PHONE _____ PRINCIPAL INVESTIGATOR _____
 ADDRESS _____ BILLING CONTACT
 _____ NAME _____ PHONE _____
 _____ EMAIL _____

Payment Method

- Service Agreement _____
- Purchase Order # _____
- Check (payable to UC Regents, remit to: UC San Diego GlycoAnalytics, 9500 Gilman Dr. #0687, La Jolla, CA 92093-0687)
- Wire Transfer
- University of California Recharge (UC internal customers only)

UC San Diego Customers

Project # _____ Funding Source # _____
 Task # _____

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

As the PI of this project, I verify that all regulatory compliance issues surrounding biosafety and/or the procurement of animal or human samples have been completed and approved according to all applicable University, State, and Federal requirements.

Principal Investigator signature _____

COMMENTS OR SPECIAL INSTRUCTIONS: _____

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 _____