

ImmunoSpot[®] Kit Scanning Services Order Form

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND INCLUDE WITH YOUR PLATES

CONTACT NAME	TITLE	DATE
PHONE	EMAIL	
INSTITUTION		
SHIPPING ADDRESS		
CITY	STATE	COUNTRY
ZIP/POSTAL CODE		
QUOTE # (IF APPLICABLE)		

SERVICE(S) REQUESTED*	DATA RETRIEVAL†
<input type="checkbox"/> Scanning No. of Plates _____ <input type="checkbox"/> Analysis by CTL <input type="checkbox"/> Software Rental Info <input type="checkbox"/> Consultation <p style="font-size: small; color: #0070C0;">*Charges may apply. Call +1 216-791-5084 for more information.</p>	<input type="checkbox"/> Provide a link for data download from CTL to email address above. <input type="checkbox"/> Ship data on CD via FedEx <input type="checkbox"/> or U.S. Postal Service <input type="checkbox"/> Discard my plates <input type="checkbox"/> Please return my plates <p style="font-size: small; color: #0070C0;">†Shipping charges may apply depending on your selection. Data and plates will be saved for 30 days before being discarded.</p>

Please include plate layout information using template on 2nd page.

By entering your name electronically on the signature line you authorize CTL to perform the selected services. →

SIGNATURE

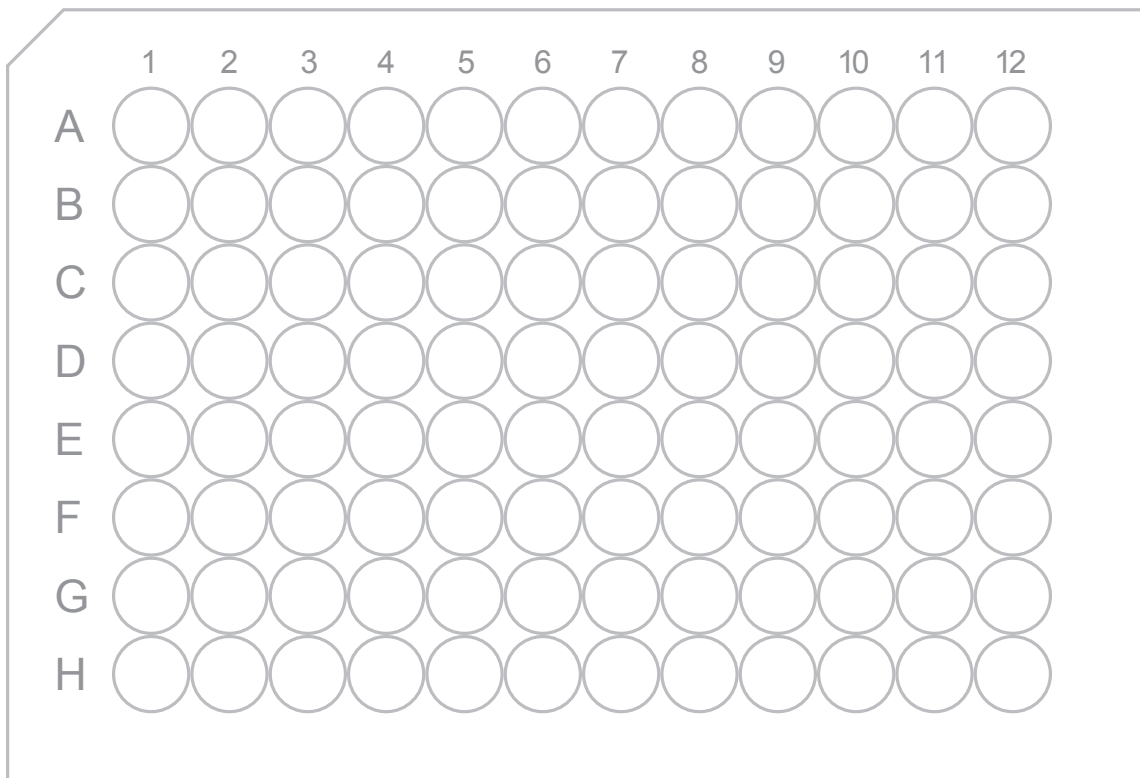
SPECIAL INSTRUCTIONS:

SHIP PLATES ALONG WITH THIS FORM TO:

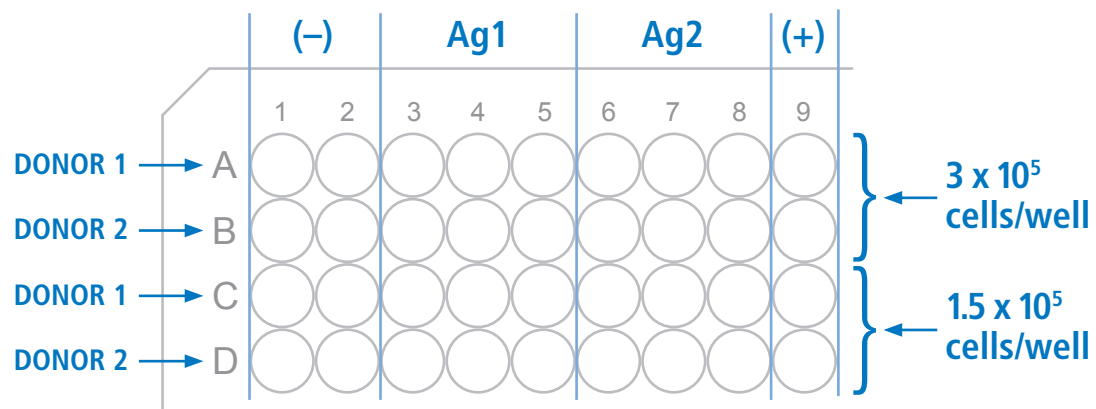


Cellular Technology Limited
C/O Kit Scanning Services

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EXAMPLE



Please indicate the location of the following:

- (+) Positive Controls
- (-) Negative Controls
- Antigen Layout
- Cell Numbers
- Donor Sequence