Immunodiagnostics

Details of product

Product name . . . . . .

Charge number . . . . . .

Sampling date . . . . . .

Sample type . . . . . .

Your reference . . . . . .

Leave this space empty

Client

Name . . . . . .

Institute . . . . . .

Department . . . . . .

Address or PO box . . . . . .

ZIP / postal code . . . . . .

City . . . . . .

Country . . . . . .

E-mail address . . . . . (*Results will be reported by e-mail)*

Send invoice to (if different from client)

Institute . . . . . .

Atnn . . . . . .

Department . . . . . .

Address or PO box . . . . . .

ZIP / postal code . . . . . .

City . . . . . .

Country . . . . . .

Requested diagnostic tests

Test code / Doc code	**Test name**	**Expected concentration** (Obligatory)

Sanquin

Diagnostic Services
Plesmanlaan 125
1066 CX Amsterdam
The Netherlands

Send form with sample to

Sanquin Diagnostic Services
Dept. UDC
Plesmanlaan 125
1066 CX AMSTERDAM
The Netherlands