



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)	PO # (IF APPLICABLE)	

SERVICE(S) REQUESTED*	DATA RETRIEVAL
<input type="checkbox"/> Scanning No. of Plates _____ <input type="checkbox"/> Analysis by CTL <input type="checkbox"/> Consultation* <small>*Charges may apply. Call +1216-325-7222 for more information</small>	<input checked="" type="checkbox"/> Data sent via email using secure link accessible for 1 week. <input type="checkbox"/> Discard my plates <input type="checkbox"/> Please return my plates <input type="checkbox"/> Fed-Ex # for return shipping _____ <small>Data and plates will be saved for 30 days before being discarded.</small>

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

Your plate(s):

Kit manufacturer:	<input type="checkbox"/> Single-Color Enzymatic	<input type="checkbox"/> Double-Color Enzymatic
	<input type="checkbox"/> Single-Color Fluorospot	<input type="checkbox"/> Double-Color Fluorospot
Species:	<input type="checkbox"/> Triple-Color Fluorospot	<input type="checkbox"/> Quad-Color Fluorospot
Analytes:	1	2
	.	.

SHIP ³ PLATES ALONG WITH THIS FORM TO: ⁴


 Cellular Technology Limited
 C/O Kit Scanning Services
 G-311, Gulmohar Garden Annexe, Mallapur, Hyderabad-76
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Please indicate the location of the following:

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

EXAMPLE

