

TISSUE CULTURE BIOLOGICALS
19766 South Highway 99, Unit A, Tulare, CA 93274
TEST ORDER FORM

Name: _____ P.O. # _____
 Company/Department: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Bill to address: _____ City: _____ State: _____ Zip: _____
 Phone # _____ Ext: _____ Fax # _____ e-Mail: _____

Credit Card # _____ Exp. Date: _____
 Name on Credit Card: _____
 Address for the Credit Card: _____ City: _____ State: _____ Zip: _____

How would you like to receive the results?
 By Phone By Fax By e-Mail By Mail

SAMPLE DESCRIPTION: _____
 VOLUME SENT: _____ DATE SENT: _____ STORAGE CONDITIONS: _____

TEST ID#	TEST REQUESTED	TEST DESCRIPTION	SAMPLE VOLUME REQUIRED	*PRICE/TEST
01		Chemical profile	50.0 mL	\$55.00
02		Endotoxin	20.0 mL	\$55.00
03		Estrogen	50.0 mL	\$75.00
04		Hemoglobin	20.0 mL	\$50.00
05		Iron	50.0 mL	\$35.00
06		Mycoplasma	100.0 mL	\$260.00
07		Osmolality	20.0 mL	\$35.00
08		pH	20.0 mL	\$35.00
09		Protein Electrophoresis (PEPS)	50.0 mL	\$75.00
10		Protein, total	20.0 mL	\$50.00
11		Testosterone	50.0 mL	\$50.00
12		Viral (9CFR Part 113.47)	100.0 mL	\$1200.00
13		BVD Serum Neutralization (antibody titer)	10.0 mL	\$15.00
OTHER				

* Prices subject to change without notice

NOTE: Multiple tests for the same sample may require less volume than indicated.
 Please check ahead before sending the sample(s).

DATE RECEIVED: _____ CONDITION OF SAMPLE: _____ INITIALS : _____
 DATE RESULTS SENT: _____ INITIALS: _____