

# Order Form for Species Identification

E-mail to [service@clsgmbh.de](mailto:service@clsgmbh.de) or Fax to +49 (0)6221 700717



No.	Sample	Risk Level	Cells per ml/ genomic DNA (µg/µl)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Report will be provided by e-mail, please note your address:

<b>Delivery Address</b>		Purchase order no.:	
Recipient's Name:		Phone:	
Company / Institution:		FAX:	
		E-mail:	
Street:			
City		ZIP Postal code	
Country		State / Province	

<b>Billing address</b>		CLS Customer Account no.	
Company / Institution			
Street:			
City		ZIP Postal code	
Country		State / Province	
VAT number (EU-states only)			
Category of Organisation			

We operate exclusively based on our General Terms and Conditions.

**Date:** \_\_\_\_\_ **Name of signee:** \_\_\_\_\_ **Signature:** \_\_\_\_\_