



endolab

hormone measurement & consultation centre

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FRM-69.8.1: Proforma order / quotation **Date:** _____

Study Title (or a brief project description)						
Project Director's name, address and telephone:						
Expected start and stop date of project						
assays requested	numbers	anti-coagulant	min vol supplied	storage tube type	quoted price	
					\$	
					\$	
					\$	
Will you provide a spreadsheet with patient/sample details?				Yes	No	
Prices valid for 60 days from above date. Long term project prices will be reviewed annually.						
Human samples? Yes No			MAF permit required for animal samples Yes No			
Sampling assistance required?			Yes	No	Cost:	
Preferred processing schedule: (assayed in batches, or individually?)			Define:			
Results forwarded as processed or sent on completion of project?						
Postal address for results:						
Specimen Disposal:		All samples are incinerated 2 months after issue of results, unless otherwise specified.				
Purchase order number: (Please provide your institution's/ company's/ department's official order form before the specimens are assayed).						
Name and address for invoice:						

Please complete this form with details for each new study/project and return to Laboratory Manager, Endolab, 21 St. Asaph Street, Christchurch Hospital, Private Bag 4710, Christchurch, New Zealand. Fax: (64-3)364 0818. NZ Freephone: 0800 ENDOLAB (36 36 522). Telephone: (64-3)364 0848.

Unless otherwise arranged, the analytical and pre- and post-analytical procedures used will be those used routinely by Endolab for human clinical samples. Procedure details, including sensitivity, specificity and analytical variability are available on request.