



Submit samples to: **INDOOR[®] Analysis Laboratory**
 700 Harris Street
 Charlottesville, VA 22903
 Tel. (434) 984-2304 Fax. (434) 984-2709
 www.inbio.com

INDOOR[®] Molecular Diagnostics Analysis Request Form

Company name: _____ Telephone: _____ P.O. #: _____

Fax: _____ Date Submitted: _____

Address: _____

Contact Person: _____ E-mail address: _____

Sample ID #	Date Sampled	Assay Requested (IgE-QBA™, ImmunoCAP® Cytokines/Chemokines)	Analytes Requested	Sample Type (Human/animal serum, plasma, supernatants etc.)
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No
				HBV/HIV Screened (Circle one): Yes No

<p>For Laboratory Use Only</p> <p>Date Received: _____ Temperature: _____ Sample Number: _____ Initials: _____ Sample Condition: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable (see Comments)</p>	<p>Comments: If RUSH service, please indicate here. Note, RUSH samples are double the regular price.</p> <p><small>* The analysis laboratory is not Clinical Laboratory Improvement Amendments (CLIA) certified. The lab complies with ISO/IEC 17025:2005 International Standards.</small></p>
--	---