

# HLA Shop - Request Form

Fill in and mail to [shop@imusyn.de](mailto:shop@imusyn.de)

<b>Shipping Address</b>	
Contact Person	<input type="text"/>
E-Mail Address	<input type="text"/>
Company / Institution	<input type="text"/>
Department	<input type="text"/>
Street, Number	<input type="text"/>
Postcode, City	<input type="text"/>
Country	<input type="text"/>
<b>Billing Address</b>	
Company / Institution	<input type="text"/>
Department	<input type="text"/>
Street, Number	<input type="text"/>
Postcode, City	<input type="text"/>
Country	<input type="text"/>
E-Mail Address	<input type="text"/>
<b>Tax ID (VAT ID)</b>	<input type="text"/>

I hereby request a non-binding quotation, including price and delivery information, for the following antigens:

Position	REF (Product Name)	Unit size	Quantity	Remarks
1	<input type="text"/>	50 µg (0.5 mg/ml)	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	50 µg (0.5 mg/ml)	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	50 µg (0.5 mg/ml)	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	50 µg (0.5 mg/ml)	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	50 µg (0.5 mg/ml)	<input type="text"/>	<input type="text"/>

Further remarks

I have read and agree to imusyn's [General Terms and Conditions of Business](#) and imusyn's [Privacy Policy](#).