imusyn

HLA Shop - Request Form

Fill in and mail to **shop@imusyn.de**

Date	YYYY/MM/DD
Shipping Address	
Contact Person	
E-Mail Address	
Company / Institution	
Department	
Street, Number	
Postcode, City	
Country	
Billing Address	
Company / Institution	
Department	
Street, Number	
Postcode, City	
Country	
E-Mail Address	
Tax ID (VAT ID)	

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	None	50 µg (0.5 mg/ml)	0	
2	None	50 µg (0.5 mg/ml)	0	
3	None	50 µg (0.5 mg/ml)	0	
4	None	50 µg (0.5 mg/ml)	0	
5	None	50 µg (0.5 mg/ml)	0	

Further remarks

☐ I have read and agree to imusyn's General Terms and Conditions of Business and imusyn's Privacy Policy.