



Spotted Array Order Form

Name: _____	
Phone: _____	
Email: _____	
Billing Address:	Purchase Order Number:
_____	_____

_____	Authorisation (please sign):
_____	_____

Please include a copy of your institution's purchase order form. By placing an order you agree to be bound by the AMC Terms and Conditions.

Array Details

	Cost per Slide	Number	Cost
Type:			
Exiqon miRNA Array (2 arrays per slide)			
Human 19K Oligo Array			
Mouse 22K Oligo Array			
Coral 17K cDNA Array			
Custom Array			
Other			
Other Services:			
mRNA RT, Labelling & Hybridisation			
mRNA Amplification, Labelling & Hybridisation			
microRNA Labelling & Hybridisation			
Data Analysis			
Total:			\$

Internal use only: Date Completed: _____ Invoice Number: _____