



SEROLOGICAL RESEARCH INSTITUTE

PROFICIENCY ORDER FORM - 2010

proficiency@serological.com

TESTS AVAILABLE:

	TYPE		SYSTEMS					
	OTS	APT	Profiler/Cofiler	PowerPlex16	Identifiler	Screening	YSTR	Mito
CS-SA	X		X		X	X		
CS-BC	X		X		X	X		
DB-SWB	X		X	X	X			
DB-FTA	X		X		X			
DB-LIN	X		X	X	X		X	X
BF	X	X				X		
SER		X						

	<u>DESIRED OTS SHIP DATE(S)</u>	<u>CODE</u>	<u>PRICE</u>	<u>QUANTITY</u>	<u>COST</u>
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DNA CASE SCENARIO (CS)

Sexual Assault _____
 Blood Case _____

OTS-SA	\$495			
OTS-BC	\$495			

DATABASE (DB)

Buccal Swabs: STR _____
 Blood FTA Cards _____
 Lineage Swabs: YSTR/Mito/STR _____

OTS-SWB	\$395			
OTS-FTA	\$395			
OTS-LIN	\$450			

BODY FLUID IDENTIFICATION (BF)

Body Fluid Identification _____

OTS-BF	\$375			
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SCHEDULED APT SHIP DATES

Body Fluid Identification June 7, 2010
 Body Fluid Identification December 6, 2010
 Body Fluid Identification **Both Jun 7 and Dec 6**

APT-BF-A	\$250			
APT-BF-B	\$250			
APT-BF-AB	\$450			

SEROLOGY (SER)

Conventional Serology March 22, 2010

APT-SER	\$250			
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OPTIONAL OVERNIGHT DELIVERY (per shipment)

(Continental US only.) Enter number of overnight ship dates:

S&H	\$22			
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INTERNATIONAL SHIPPING AND HANDLING

Outside Continental US and Canada, please contact us.

S&H				
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TOTAL:				
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NOTES:

Shipping costs other than overnight and international are included.

To assure availability, order APTs at least nine weeks before ship date.

All SERI proficiencies require Microsoft Excel or equivalent to record and report test results. The Excel report form (included) allows a hardcopy to be printed and reviewed prior to submission.

All results returned within eight weeks of shipment (and which are released by the client) will be eligible for submission to ASCLD/LAB®.

SHIP TO:

LABORATORY: _____

STREET: _____

CITY: _____

STATE/PROV: _____ ZIP: _____ COUNTRY: _____

RECIPIENT NAME: **(Required)** _____

TELEPHONE: _____

E-MAIL: **(Required)** _____

BILL TO: (if different)

AGENCY: _____

NAME/TITLE _____ DEPT: _____

STREET: _____

CITY: _____

STATE/PROV.: _____ ZIP: _____ COUNTRY: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

Please indicate method of payment:

<input type="checkbox"/> Check	Make checks payable to Serological Research Institute.
<input type="checkbox"/> Purchase Order (Number required)	P.O. Number: _____
<input type="checkbox"/> Credit Card	Credit Card No.: _____
	Expiration Date: _____
	Name on Card: _____
	Security Code: _____
	Authorized Payment Amount: _____

NOTES:

Prepayment is required on all orders.
 All orders will be billed upon receipt of order. Orders must be paid in US dollars.
 Please include a copy of your Purchase Order form if available.
 Please contact us for information on fund transfers and international S&H.
 If you prefer, you may provide credit card information by phone, (510) 223-7374.

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