

WORK REQUEST FORM

SHIPPING ADDRESS:
NDBbio, LLC
701 East Pratt Street, Rm 5008
Baltimore, MD 21202

☎ **Phone: 410-818-0154**
 ✉ **E-Mail: info@ndbbio.com**
 🌐 **Web: www.ndbbio.com**

NAME OF P.I.: _____

RUSH?

DATE: _____

PROJECT #: _____
Office Use

Contact Information

Primary Investigator: _____ Email: _____

Institution & Department: _____

Contact Person: _____ Email: _____

_____ Phone: _____

Billing Address: _____

Shipping Address: _____

Referral: _____

Name of referee must be included to receive benefits of the referral program

Return Shipping Information

Please indicate shipping preferences below. For shipping instructions, please see FAQ on our website.

Shipping Company (Fedex, UPS, etc.): **FedEx** **UPS** **Other:** _____

Account Number: _____

Shipping Time (Overnight, 2-day, etc.): **Overnight** **2-Day** **Other:** _____

Include Insurance? **Yes** **No** **If Yes, \$ Amount:** _____

If yes, please include value amount

Billing Information

Preferred Method of Payment

- Invoice
- Purchase Order (below)
- Credit Card (3.5% Processing Fee)

Credit Card Information

Credit Card Number: _____

Expiration Date: _____

CVV Code: _____

Name On Card: _____

Street Address & Zip Code: _____

Accounts Payable Information

Contact Person: _____ Email: _____

PO #: _____ Phone: _____

Sample Information
Please feel free to include your own document if needed.

Please note: We do not accept any samples that contain infectious materials that may be harmful to human health. Please call before sending samples if you suspect that your samples may be infectious.

Sample ID	Stain	Sample ID	Stain
1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.		26.	
7.		27.	
8.		28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	
18.		38.	
19.		39.	
20.		40.	

Authorization

*I certify that the submitted samples do not contain any infectious agents that may be harmful to human health.
I authorize the submission of this work request and agree to pay the full amount in a timely manner.*

Signature: _____ Date: _____