

Order Form – Analysis of Saliva, Serum/Plasma, Urine Samples

Contact Details	
Institute/ Department:	
Contact Person:	
Email:	Telephone:
Reference / Project No.:	
Shipment of Samples	<p>For smooth shipment and rapid analysis of your samples:</p> <ul style="list-style-type: none"> - Write consecutive numbers on the cap and tube of your saliva samples - Use a waterproof pen. - Put 10-30 saliva samples in a zipper bag and label the bag – again, use a waterproof pen. - Do not state any commercial value on the shipment documents (state \$1 or \$0 USD/EUR as the commercial value). <p>Important: Provide the following customs tariff number: 3001 2010</p> <ul style="list-style-type: none"> - Please notify ina.kaden@tu-dresden.de prior to shipping. THANK YOU!!
<input type="checkbox"/> Saliva <input type="checkbox"/> Serum/Plasma <input type="checkbox"/> Urine Number of samples:	
Note: A different form is available for the analysis of hair samples.	
<input type="checkbox"/> Complete shipment Shipment date:	
<input type="checkbox"/> Partial shipment Expected date of next shipment:	
Performance of Analysis	
<input type="checkbox"/> Immuno-Assay <input type="checkbox"/> LC-MS/MS (full steroid panel possible, please specify your request below)	
Requested Analyte(s)	
<input type="checkbox"/> Cortisol <input type="checkbox"/> Testosterone <input type="checkbox"/> Dehydroepiandrosterone (DHEA)	
<input type="checkbox"/> Cortisone <input type="checkbox"/> Estradiol <input type="checkbox"/> Dehydroepiandrosterone Sulfate (DHEA-S)	
<input type="checkbox"/> Amylase <input type="checkbox"/> Progesterone <input type="checkbox"/> Corticosterone <input type="checkbox"/> Other:	
<input type="checkbox"/> Single determination (standard) <input type="checkbox"/> Duplicates (please specify number and analyte(s))	
Storage / Disposal of Samples after Assay	
<input type="checkbox"/> Ok, discard samples 2 weeks after assay <input type="checkbox"/> Storage in Dresden up to 6 month (then discard)	
<input type="checkbox"/> Return to sender <input type="checkbox"/> Return shipment with dry ice	
Please name preferred courier service and your customer number:	
Return address:	
Your Message to the Lab:	

Invoice Address	
Customer Identity	
<input type="checkbox"/> University/ Other Business enterprise <input type="checkbox"/> Private	
VAT ID:	
Customers from EU member states please provide the VAD ID to apply the reverse charge mechanism.	
Your Message to Accounting:	
Date	Signature/ Stamp
Lab Records (for internal use only - please do not fill in)	
Probeneingang:	
Änderungen:	
Initiiert von/ Datum:	
Auftrag erledigt am:	
Bearbeiter:	
Versand Ergebnisse:	

Please send your samples to the following address:

Prof. Dr. Clemens Kirschbaum
Technische Universität Dresden
Andreas-Schubert-Bau, Room 212 – 214
Zellescher Weg 19
D – 01069 Dresden, GERMANY