CORIELL INSTITUTE
FOR MEDICAL RESEARCH
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**********FOR INTERNAL USE ONLY**********

DATE OF REQUEST: _____

PRINCIPAL INVESTIGATOR INFO (REQUIRED):

Name: _____

Organization: _____

Title/Department: _____

Phone: _____ Fax: _____

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Name: _____

Organization: _____

Phone: _____ Fax: _____

Email: _____

Dept. /Bldg. /Rm.: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

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Name: _____

Organization: _____

Phone: _____ Fax: _____

Email: _____

Dept. /Bldg. /Rm.: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

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Phone: _____ Fax: _____

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AUSTRALIAN, BRAZILIAN, CANADIAN, SPANISH ORDERS
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Phone: _____ Fax: _____

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- ◯ Academic
- ◯ Commercial
- ◯ Government
- ◯ Nonprofit

CREDIT CARD INFO (ALL FIELDS REQUIRED):

Card Type: ◯ VISA ◯ MasterCard ◯ American Express

Name as it appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Postal Code: _____

Credit Card Receipt to be mailed to: ◯ P.I. Address ◯ Shipping Address ◯ Billing Address ◯ Other

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DIRECTIONS: Indicate the Coriell catalog (or other reference) number for each item that is ordered. This may be the repository number for a single sample, or it may be the number associated with a collection of samples (i.e., HAPMAPPT02, MUTCF-2, etc.). Pricing information is available at the catalog website.

CATALOG/REF NUMBER	BRIEF SAMPLE DESCRIPTION OR EXPLANATION FOR ORDER	DNA VIALS (MAX QTY = 20/EACH)	LIVE CULTURES (MAX QTY = 1/EACH)		"OTHER" QUANTITIES
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Please email a spreadsheet to customerservice@coriell.org, in addition to the completed first page of this SOP that includes the customer contact/shipping/billing information.

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