



PLEASE FILL OUT & INCLUDE THIS FORM THE NEXT TIME YOU SEND US PLATES

Name _____ Telephone (____) ____ - _____

Email _____ Date ____ / ____ / ____

Institution _____

Ship To Address _____

City _____ State _____ Zip _____

Billing same as shipping? Yes

Billing Address _____

City _____ State _____ Zip _____

Number of Plates: _____

Are these plates part of a ScanPak? Yes. What's a ScanPak or ScanPak 'n Count? Ask via Email.
Part of a ScanPak 'n Count? Yes.

IMPORTANT: Always include a PO# even if you have a "Blanket", "Standing" or a "ScanPak" PO; Onfile is not acceptable.

PO Number _____

Credit Card Payment
Request an authorization form via email.

Optional: To avoid shipping charges feel free to provide a FedEx account number: _____

Service Needed (please check only one box)

Scanning \$30/plate* RUSH \$80/plate

* \$30/plate for a minimum of three plates. \$60/plate for one to two plates scanned.

ScAn alysis \$80/plate RUSH \$160/plate

SameDay ScAnalysis \$200/plate* - No more than 6 plates for this service!!!

* Plates for SameDayScAnalysis must arrive priority overnight before noon EST otherwise this service cannot be guaranteed!

NEW! ==> ==> To donate your scanned and/or counted plates to C.T.L. please check here
You will NOT RECEIVE YOU PLATES BACK, but you will receive all your data as usual on a disc.

Name of person releasing the plates to CTL: _____ print

_____ sign

Special instructions:

Mail plates along with this form to the attention of Scanning Services @ C.T.L. / 20521 Chagrin Blvd / Room 241 / Shaker Heights, OH 44122, USA
If you have any questions contact me at vek@immunospot.com or call 216.325.7211

Thanks, Vivi