



**Affymetrix Expression Array Order Form**

Name: _____	
Phone: _____	
Email: _____	
Billing Address:	Purchase Order Number:
_____	_____
_____	
_____	Authorisation (please sign):
_____	_____

Please include a copy of your institution's purchase order form. By placing an order you agree to be bound by the AMC Terms and Conditions.

**Array Details**

	Species	Cost per Array	Number	Cost
<b>Type:</b>				
3' IVT Array Service <i>Single cycle</i>				
Genearray Service <i>WT labelling</i>				
Exon Array Service <i>rRNA reduction and WT labelling</i>				
Other:				
<b>Other Services:</b>				
Data Analysis				
<b>Total:</b>				\$

Internal use only:    Date Completed: \_\_\_\_\_    Invoice Number: \_\_\_\_\_