

Company / Institute	Order / Request
Order / Request number:	

Invoice address:

Delivery address:

QTY	Catalogue No:	Description	Total
	0130	RSID-Saliva 25 Tests/Kit with Uni-Buffer	
	0230	RSID-Semen 25 Tests/Kit with Uni-Buffer	
	0330	RSID-Blood 25 Tests/Kit with Uni-Buffer	
	0400-10	RSID-Urine 10 Tests/Kit with Single-Buffer	

	<hr/> Signature _____ Date / Stamp
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Send your request or order to:

info@galantos.eu / Fax: +49-6131-7206229

