



Date/Time Received	_____	Contact Name	_____
Company	_____	Contact Phone & Email	_____
Customer #	_____	Contact Location	_____
PO #	_____	Principal Investigator	_____
Authorized Signature	_____	Project Info	_____

**Assay:**

**Standing Order:**

**Samples:**

\_\_\_\_\_  
\_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Resource Use**

Date/Time Started \_\_\_\_\_ Date/Time Completed \_\_\_\_\_

Circle One:                  Consortium (2)                  External (4)                  SCCA (5)

Charge Code	Description	UOM	Quantity
IMS__0501	Assay Development	SUM	
IMS__0502	Immunophenotyping	EA	
IMS__0503	Immunoph – Expanded	HR	
IMS__0511	Lymphoprolif Assay – Frozen	EA	
IMS__0512	Lymphoprolif Assay – Fresh	EA	
IMS__0521	Chromium Rel Assay – Frozen	EA	
IMS__0522	Chromium Rel Assay – Fresh	EA	
IMS__0531	Blood Processing	EA	
IMS__0532	Blood Proc – CPT	EA	
IMS__0561	Technician Time	HR	
IMS__0562	Data Analysis	HR	
IMS__0563	Consulting	HR	