



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

**Assay:**

**Standing Order:**

**Samples:**

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

**Notes:**

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

**For Resource Use**

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

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

Charge Code	Description	UOM	Quantity
IMS__0541	TCRB Spectrotyping – Gene Scan	EA	
IMS__0542	Clonal TCRB Anal w/o Seq	EA	
IMS__0543	Clonal TCRB Anal – Full	EA	
IMS__0544	Clonal TCRB Anal cDNA prov	EA	
IMS__0545	T Cell Recept Assay Dev	EA	
IMS__0546	TCRB Tracking	EA	
IMS__0551	TREC Assay	EA	
IMS__0561	Technician Time	HR	
IMS__0562	Data Analysis	HR	
IMS__0563	Consulting	HR	