



**University of Saskatchewan**

QIAstock # 11  
Account # 70269

DATE:  RELEASE #:

PO #:

**PLEASE PRINT LEGIBLY**

Principal Investigator:

Bill To Name:

Department:  Bldg./ Rm #:

User Name:  User Phone No.:   
(Include area code and complete 7 digit # +ext.)

**If payment is by Credit Card**

We must obtain the Credit Card information by telephone.

If it is convenient for you to call us, please contact **QIAGEN Customer Care at: 1-800-572-9613** and the Customer Care Team will be able to assist you.

If you prefer Customer Care to contact you for the Credit Card details, please provide the contact information.

Name:

Phone No:

Email address:

Cat. No.	Description	Qty.	Price	Lot No.	Promo Code or Quote N

This form incorporates your QIAstock agreement terms and conditions by reference.

**Sample to Insight**