

## Order Form – Analysis of Saliva / Urine samples

Note: Different forms are available for the analysis of plasma, serum, or hair samples

Contact Details	
Institute/ Department:	
Contact Person:	
Email:	Telephone:
Reference / Project No.:	
Saliva	Urine
Complete shipment	Partial shipment
<b>Number of samples in this shipment:</b> <input style="width: 100px;" type="text"/>	
	Shipment date: <input style="width: 100px;" type="text"/>
	Approx. date of next shipment: <input style="width: 100px;" type="text"/>
Analysis Type and Analytes	
Immuno-Assay / Enzyme-Assay	LC-MS/MS
Cortisol Amylase Testosterone Progesterone Estradiol DHEA DHEA-S other on request	Cortisol Cortisone Corticosterone Testosterone Progesterone DHEA <u>or</u> DHEA-S DHT Melatonin    (separate analysis) other on request
Single determination (standard)	Duplicates (please specify number and analyte(s))
Storage / Disposal of Samples after Assay	
Ok, to discard samples 2 weeks after assay* Return**	Storage in Dresden up to 6 month, then discard** Return shipment with dry ice**
Please name preferred courier service and your customer number:	
Return address:	
Your Message to the Lab:	

\* this service is free of charge

\*\* this service is offered at a fee

<b>Important notes on shipping samples.</b>	<p><b>For smooth shipment and rapid analysis of your samples:</b></p> <ul style="list-style-type: none"> <li>- Write <b>consecutive numbers</b> on the cap and tube of your saliva samples</li> <li>- Use a <b>waterproof pen</b>.</li> <li>- Please consult us in advance if you use barcodes.</li> <li>- Put 10-30 saliva samples in a <b>zipper bag and label</b> the bag – again, use a <b>waterproof pen</b>.</li> <li>- <b>Do not state any commercial value on the shipment documents</b> (state \$1 or \$0 USD/EUR as the commercial value). <b>Important: Provide the following customs tariff number: 3001 2010</b></li> <li>- <b>Please notify <a href="mailto:ina@dresden-labservice.de">ina@dresden-labservice.de</a> prior to shipping. THANK YOU!!</b></li> </ul>
<b>Invoice Address</b>	
<b>Customer Identity</b>	
<input type="checkbox"/> University/ Other Business enterprise <input type="checkbox"/> Private	
<b>VAT ID:</b>	
Customers from EU member states outside Germany please provide the VAD ID.	
<b>Your Message to Accounting:</b>	
<b>Date</b>	<b>Signature/ Stamp</b>
<b>Lab Records (for internal use only - please do not fill in)</b>	
<b>Probeneingang:</b>	
<b>Änderungen:</b>	
<b>Initiiert von/ Datum:</b>	
<b>Auftrag erledigt am:</b>	
<b>Bearbeiter:</b>	
<b>Versand Ergebnisse:</b>	

**Please send your samples to the following address:**

Prof. Dr. Clemens Kirschbaum  
 Dresden Lab Service GmbH  
 Tatzberg 47-49  
 01307 Dresden  
 GERMANY