



SAMPLE SUBMISSION FORM



Proforma Invoice/Sample Acceptance # (provided by Dr. Selen Çağlayan):

Client Contact Information

&

Invoice Submittal Information

Company/ University/ Institute		Payment*	Made <input type="checkbox"/>	Money Transfer Document Sent by email or Attached <input type="checkbox"/>
Primary Contact Name (full)		Invoice Submittal E-mail		
Postal Address		Invoice Payable Address (If different from Client's Address)		
City/State/Province		City/State/Province		
Zip/Postal Code		Zip/Postal Code		
Country		Country		
Phone (GSM)		A/P Contact Name (full)		
E-mail		A/P Contact Phone		

Project Information

Project Type	New <input type="checkbox"/> Open <input type="checkbox"/> Prj. #:	Requested Turnaround Time (TAT)	Standard <input type="checkbox"/>	Rush** <input type="checkbox"/>
Note on Storage Requirement		Sample Return	Yes <input type="checkbox"/>	No <input type="checkbox"/>