



BILLING INFORMATION:

Company Name: _____
 Address: _____
 City, State/Prov, Zip: _____
 Country: _____
 Telephone: _____
 E-Mail: _____

SHIPPING INFORMATION (IF DIFFERENT THAN BILLING):

Company Name: _____
 Address: _____
 City, State/Prov, Zip: _____
 Country: _____
 Telephone: _____
 E-Mail: _____

MONOCLONAL ANTIBODIES*

Product Number	Target	Format	Clone	Quantity	Price	Price	Total
SD-1-5	PEDV-NP	Ascites	SD6-29	0.5mL	\$250.00		
SD-1-1	PEDV-NP	Ascites	SD6-29	1.0mL	\$500.00		
SD-1F-5	PEDV-NP	FITC-labeled Ascites	SD6-29	0.5mL	\$250.00		
SD-1F-1	PEDV-NP	FITC-labeled Ascites	SD6-29	1.0mL	\$375.00		
SD-2-5	PEDV-NP	Ascites	SD17-103	0.5mL	\$250.00		
SD-2-1	PEDV-NP	Ascites	SD17-103	1.0mL	\$500.00		
SD-2F-5	PEDV-NP	FITC-labeled Ascites	SD17-103	0.5mL	\$250.00		
SD-2F-1	PEDV-NP	FITC-labeled Ascites	SD17-103	1.0mL	\$375.00		
SD-3-5	PEDV-S1	Ascites	SD67-41	0.5mL	\$250.00		
SD-3-1	PEDV-S1	Ascites	SD67-41	1.0mL	\$500.00		
SD-4-5	PDCoV-NP	Ascites	SD55-197	0.5mL	\$250.00		
SD-4-1	PDCoV-NP	Ascites	SD55-197	1.0mL	\$500.00		
SD-4F-5	PDCoV-NP	FITC-labeled Ascites	SD55-197	0.5mL	\$250.00		
SD-4F-1	PDCoV-NP	FITC-labeled Ascites	SD55-197	1.0mL	\$375.00		
SD-5-5	PDCoV-NP	Ascites	SD65-207	0.5mL	\$250.00		
SD-5-1	PDCoV-NP	Ascites	SD65-207	1.0mL	\$500.00		

*This product is for research use only. Not for use in diagnostic or therapeutic procedures.

Terms of Sale:

Payment methods of credit card or PO# accepted.
 All orders are subject to shipping and handling (domestic - overnight delivery; international priority delivery, as well as all applicable taxes.
 Payment due 30 days from the date of the invoice.

Subtotal
 Tax Exempt (Yes or No)
 Shipping (Flate Rate)

Please send completed order form to orders@medgenelabs.com

1006 32nd Avenue, Suite 104, Brookings, SD 57006
 605.692.1268
www.medgenelabs.com

TOTAL