**Heartland Assays Purchase Order Form**

|  |  |
| --- | --- |
| P.O. Number |  |
| Company |  |
| Contact-Primary Investigator |  |
| Contact Email-Primary Investigator |  |
| Address |  |
| City, State, ZIP Code |  |
| Phone Number |  |
| Fax Number |  |
| Business/Payment Contact |  |
| Business/Payment Email |  |

**Reason for Assay (check box):** **Research** **Diagnostic (CLIA-human only)**

Sample Type (matrix): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of Tests Offered (check applicable boxes):**



**\*All tests are matrix- and volume/weight-specific. Please contact us for sample requirements.**\*

Additional testing requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Samples will be retained for 30 days after final data has been reported.**

Final Disposition of Samples post-assay (**Check box**) **Dispose** **Return** (include shipping acct to be billed)

*Shipping Service*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Shipping Account#*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Sample manifest form must accompany samples - located at www.heartlandassays.com/services/pricing/**

**\*Be sure to include the expected concentration (or best estimate) on the sample manifest form**

**\*Please also send the sample manifest form to:** [**kylewandling@heartlandassays.com**](mailto:kylewandling@heartlandassays.com)

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**