

NIA NHP TISSUE BANK ORDER FORM

For billing and invoicing questions, contact BioReliance, 301-610-2177

OBRRD Office Use Only	NIA Confirmation Number	
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Provide **all** information. Final orders must be received by **noon Wednesday (ET)** for following week delivery. Email Tracy Cope copet@nia.nih.gov to inquire and confirm availability before submitting your final order.

Delivery date: _____

Principal Investigator: _____ Email: _____

Institution: _____

Name of project: _____

Funding agency and grant number: _____

Contact Person: _____

FAX: _____ Phone: _____ Email: _____

Accounts Payable Contact Person: _____

FAX: _____ Phone: _____ Email: _____

P.O. #: _____

Shipping Address:

Billing Address:

Species	Age	Gender	Tissue	Quantity		
				Frozen	Fixed	OTC

Special Instructions: