

SBT QUOTE REQUEST FORM

Requesting Individual	
Name	
Department	
Street Address	
Building, Room	
City, State, Zip	
Country	
email	
Phone Number	

Typing Project Information	
How many samples annually?	
How many sample per batch?	
What is the lowest and highest number of samples to be typed in the next 12 months?	
What is the specimen material?	
Does your institution require a fee for service agreement?	
Are you interested in statistical analysis of you sample groups for Haplotypes?	
Do you need Dr. Hildebrand to attend grant advisor meetings?	

Loci	
Loci	[X]
HLA-A	[]
HLA-B	[]
HLA-ABC	[]
HLA-ABC DR/DQ	[]
HLA-DR/DQ	[]
Custom Configuration	[]

Quote for TAT		
Service Grade	TAT	[X]
Research Grade	1 month	[]
Clinical Grade	7 day avg.	[]
Research Priority	7 day avg.	[]
25-50% less for Research Grade		

Resolution			
Resolution Type	Region Characterized	Cis/Trans Resolution	[X]
NMDP/ASHI	Class I exon 2-3 Class II exon 2	All common, common combinations eliminated	[]
NMDP/ASHI plus extracellular domain	Class I exon 2-4 Class II exon 2-3	All common, rare combinations eliminated	[] (recommended)
True 4 digit	All known coding polymorphisms	All rare, rare cis/trans	[]

Please fill out and fax to 512-263-3236, ATTN: Bill Strieber