

SBT QUOTE REQUEST FORM

Requesting Individual

Name	
Department	
Street	
Building	
City, State,	
Country	
email	
Phone	
Number	

Typing Project Information

How many samples annually?	
How many samples 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 your sample groups for Halpotypes?	
Do you need Dr. Hildebrand to attend grant advisor meetings?	

Loci

Loci	[X]
HLA-A	[]
HLA-B	[]
HLA-ABC	[]
HLA-ABD 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: Chris Carlson

