

This order form is made up of three different sheets. Please make sure all of the sheets are filled.



10F World Meridian Center
60-24 Kasan-dong
Kumchun-ku Seoul
Korea 153-023

A pathfinder in Genome Research

For Macrogen officials only	
Date of arrival	
Sheet No.	
Code No.	

Information about customer

Name of researcher	Dr.
Department	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>ご所属を御記入下さい。</p> </div>
Institution	
Address	
City/State	
Country	
ZIP code	
Telephone Number	
Fax Number	
Email Address	
Alternative Email address	

Information about payment

Name of person for billing	BIO.Co.,Ltd
PO number(VAT number)	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p>弊社とマクロジェン社間で 使用します。 未記入のままお送り下さい。</p> </div>
Preferred payment method	
Click here to choose one	

Expected Result Format	Invoice to be sent through	Date of dispatch (D/M/Y)
Click here to choose one	<div style="border: 1px solid black; border-radius: 5px; padding: 2px;"> <p>e-mail</p> </div> <p>Air way mail</p>	<div style="border: 1px solid black; border-radius: 5px; padding: 2px;"> <p>Dispatched through</p> </div> <p>Click here to choose</p>
Expected sample storage duration	Click here to choose	Submit this order form
	1 month	Please go on to the other sheets
	3 months	primer and reaction information.

サンプルの送付日を御記入下さい。

サンプルの保存期間をお選び下さい。
1 month
3 months

サンプルを送った方法をお選び下さい。
FEDEX
DHL
Regular mail
Others

納品する結果の形をお選び下さい。
AB1(ABIのシステムで処理できるもの)
TXT(テキスト)
PDF(波形)
AB1+TXT
PDF+TXT
ALL

