



Analysis Request Form

www.nanoimaging-services.com

Please submit samples to:

NanoImaging Services
ATTN: Sample Receiving
11099 N. Torrey Pines Road Suite 250
La Jolla, CA 92037
Phone/Fax 888-675-8261
info@nanoimaging-services.com

Report & Billing Contact Information

Results Needed By: _____
Report Title: _____
Analysis Objectives: _____
Send Report To:
Name: _____
Title: _____
Company: _____
Fedex Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

PO#: _____
Send Invoice To: Same as Report
Address: _____
City, State, Zip _____
Attention: _____
Phone: _____

Sample Information

of Samples _____ Estimated Ship Date _____

Sample Description _____
(i.e. Liposomes, VLP, siRNA, Vaccine, etc.)

Analysis Services (check all that apply):

- CryoTEM Negative Stain Particle Sizing Particle Counting Tomography
 Other _____

Sample Handling Instructions:

- Non-hazardous Bio-hazardous If hazardous is MSDS Enclosed?

Store at (select one):

- Room Temp Refrigerate (4C) Freeze (-80C)

Comments/Special Handling Instructions: _____

Disposition of Samples after Analysis:

- Return samples immediately after analysis Return after storage period Discard after storage period
 Other sample handling requirements _____

Requestor Information

Requestor (Print): _____

Requestor Signature: _____ Date: _____

<i>For internal use only</i>
Project No: _____
of Packages expected: _____