

# Cell Line Authentication Order Form



Please print and add to your samples

No.	Sample Name of cell line	Species Please indicate	Risk Level (BSL)	For samples sent as genomic DNA		For samples sent as cell pellet
				conc. [ng/μl]	OD 260nm/280nm	(cells/ml)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

The results will be provided by email, therefore please note and double-check your email address.

<b>Delivery Address</b>			Your Purchase order no.:	
Recipient's Name:		Phone:		
Company / Institution:		FAX:		
			<b>E-mail:</b>	
Street:				
City		ZIP Postal code		
Country		State / Province		

<b>Billing address</b>			CLS Customer Account no.	
Company / Institution:				
Street:				
City		ZIP Postal code		
Country		State / Province		
<b>VAT number (EU-states only)</b>				
<b>Category of Organisation</b>				

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 Phone: +49 (0)6221 405780

VAT no.: DE283292917  
 Tax ID: 32491 / 68551  
 Amtsgericht Mannheim HRB 714394  
 Manager: Dr.rer.nat. Rosemarie Steubing

Bank: Sparkasse Heidelberg  
 IBAN: DE35672500200009207686  
 BIC: SOLADES1HDB  
 Email: info@cls.shop  
<https://www.cls.shop>