

# INQUIRY FORM



**BIOBANK**  
DER BLUTSPENDER

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Pre-assembled panels\*

### cross section panel

C61 Prostate Cancer		C50 Breast Cancer	
Panel <sup>ProstateS</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	Panel <sup>BreastS</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
Panel <sup>ProstateM</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	Panel <sup>BreastM</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
Panel <sup>ProstateL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	Panel <sup>BreastL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
Panel <sup>ProstateXL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	Panel <sup>BreastXL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl

### Comments (e.g. request for medical data)

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### serial sampling panel

C61 Prostate Cancer		C50 Breast Cancer	
serial Panel <sup>ProstateS</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	serial Panel <sup>BreastS</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
serial Panel <sup>ProstateM</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	serial Panel <sup>BreastM</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
serial Panel <sup>ProstateL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	serial Panel <sup>BreastL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl

### Comments (e.g. request for medical data)

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## cross section panel

C43 Melanoma		Controls	
Panel <sup>MelanomaS</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	Panel <sup>Control</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
Panel <sup>MelanomaM</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl		
Panel <sup>MelanomaL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl		
Panel <sup>MelanomaXL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl		

### Comments (e.g. request for medical data)

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## serial sampling panel

C61 Melanoma Cancer	
serial Panel <sup>MelanomaS</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
serial Panel <sup>MelanomaM</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
serial Panel <sup>MelanomaL</sup>	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl

### Comments (e.g. request for medical data)

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# Individual samples (please select your constellation)\*

## EXAMPLE

	<Indication> ICDN: C18	<Indication> ICDN: _____	<Indication> ICDN: _____	<Indication> ICDN: _____	<Indication> ICDN: _____
donor age group (years)	<input type="checkbox"/> < 50 years <input type="checkbox"/> 51-60 years <input type="checkbox"/> >61 years	<input type="checkbox"/> < 50 years <input type="checkbox"/> 51-60 years <input type="checkbox"/> >61 years	<input type="checkbox"/> < 50 years <input type="checkbox"/> 51-60 years <input type="checkbox"/> >61 years	<input type="checkbox"/> < 50 years <input type="checkbox"/> 51-60 years <input type="checkbox"/> >61 years	<input type="checkbox"/> < 50 years <input type="checkbox"/> 51-60 years <input type="checkbox"/> >61 years
donor gender	<input checked="" type="checkbox"/> f <input type="checkbox"/> m	<input type="checkbox"/> f <input type="checkbox"/> m	<input type="checkbox"/> f <input type="checkbox"/> m	<input type="checkbox"/> f <input type="checkbox"/> m	<input type="checkbox"/> f <input type="checkbox"/> m
donation year	<input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input checked="" type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012	<input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012	<input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012	<input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012	<input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
time between donation and diagnosis (months)	<input type="checkbox"/> <12 <input checked="" type="checkbox"/> 13-24 <input type="checkbox"/> 25-36 <input type="checkbox"/> > 36	<input type="checkbox"/> <12 <input type="checkbox"/> 13-24 <input type="checkbox"/> 25-36 <input type="checkbox"/> > 36	<input type="checkbox"/> <12 <input type="checkbox"/> 13-24 <input type="checkbox"/> 25-36 <input type="checkbox"/> > 36	<input type="checkbox"/> <12 <input type="checkbox"/> 13-24 <input type="checkbox"/> 25-36 <input type="checkbox"/> > 36	<input type="checkbox"/> <12 <input type="checkbox"/> 13-24 <input type="checkbox"/> 25-36 <input type="checkbox"/> > 36
volume	<input type="checkbox"/> 100 µl <input checked="" type="checkbox"/> 500 µl	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl	<input type="checkbox"/> 100 µl <input type="checkbox"/> 500 µl
matched controls	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
number	10				

Comments (e.g. request for medical data)

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Product	Volumes	Price [EUR]
Panel <sup>ProstateS</sup>	100 µl	<b>225,00</b>
	500 µl	<b>500,00</b>
Panel <sup>ProstateM</sup>	100 µl	<b>600,00</b>
	500 µl	<b>1200,00</b>
Panel <sup>ProstateL</sup>	100 µl	<b>900,00</b>
	500 µl	<b>1800,00</b>
Panel <sup>ProstateXL</sup>	100 µl	<b>1080,00</b>
	500 µl	<b>2160,00</b>
serial Panel <sup>ProstateS</sup>	100 µl	<b>540,00</b>
	500 µl	<b>1080,00</b>
serial Panel <sup>ProstateM</sup>	100 µl	<b>900,00</b>
	500 µl	<b>1800,00</b>
serial Panel <sup>ProstateL</sup>	100 µl	<b>1080,00</b>
	500 µl	<b>2160,00</b>

Product	Volumes	Price [EUR]
Panel <sup>BreastS</sup>	100 µl	<b>225,00</b>
	500 µl	<b>500,00</b>
Panel <sup>BreastM</sup>	100 µl	<b>420,00</b>
	500 µl	<b>840,00</b>
Panel <sup>BreastL</sup>	100 µl	<b>675,00</b>
	500 µl	<b>1350,00</b>
Panel <sup>BreastXL</sup>	100 µl	<b>1080,00</b>
	500 µl	<b>2160,00</b>
serial Panel <sup>BreastS</sup>	100 µl	<b>540,00</b>
	500 µl	<b>1080,00</b>
serial Panel <sup>BreastM</sup>	100 µl	<b>900,00</b>
	500 µl	<b>1800,00</b>
serial Panel <sup>BreastL</sup>	100 µl	<b>1080,00</b>
	500 µl	<b>2160,00</b>

Product	Volumes	Price [EUR]
Panel <sup>MelanomaS</sup>	100 µl	<b>150,00</b>
	500 µl	<b>300,00</b>
Panel <sup>MelanomaM</sup>	100 µl	<b>396,00</b>
	500 µl	<b>792,00</b>
Panel <sup>MelanomaL</sup>	100 µl	<b>600,00</b>
	500 µl	<b>1200,00</b>
serial Panel <sup>MelanomaS</sup>	100 µl	<b>396,00</b>
	500 µl	<b>792,00</b>
serial Panel <sup>MelanomaM</sup>	100 µl	<b>480,00</b>
	500 µl	<b>960,00</b>
serial Panel <sup>MelanomaL</sup>	100 µl	<b>720,00</b>
	500 µl	<b>1440,00</b>

Panel <sup>Control</sup>	100 µl	<b>600,00</b>
	500 µl	<b>1200,00</b>
Individual Indication sample	100 µl	<b>40,00</b>
	500 µl	<b>80,00</b>
Individual control sample	100 µl	<b>15,00</b>
	500 µl	<b>40,00</b>

We reserve the right to demand a service charge of EUR 25,00 for orders <10 samples!

*\*No guarantee of availability*

*Please bear in mind that we have only limited sample numbers available due to previous projects!*