**Order: Embryo Revitalisation**

|  |  |  |
| --- | --- | --- |
| **customer** | ext. Invoice No.: | ext. Invoice No. |
| customer ID | customer ID | **differing billing address** |
| company/institute | company/institute | company/institute |
| department | department | department |
| street, no. | street, no. | street, no. |
| ZIP, location | ZIP, location | ZIP, location |
| contact person | contact person | contact person |
| phone | phone | phone |
| e-mail | e-mail | e-mail |

|  |  |  |
| --- | --- | --- |
| type | [ ]  **embryos** |  |
| quantity | embryos |  |

|  |
| --- |
| **line** |
| official notation of the line | official notation of the line |
| short term\* | short term |

\* The labelling of the cassettes must be identical to the short term given here.

|  |  |  |
| --- | --- | --- |
| biopsy of the offspring | [ ]  Yes | [ ]  No |
| delivery address for biopsy | address |
| contact person | name | phone |
| genotyping  | [ ]  Yes | [ ]  No |

**Please note:**

**All offspring are returned to the client after completion of the order.**

**Donor animals are no longer available after completion of the order.**

**Required forms:**

GVO-document, load assessment, if applicable: defrosting protocol

|  |  |  |  |
| --- | --- | --- | --- |
| completed on | date | by | name, surname |

This form is processed digitally. A personal signature is therefore not necessary, it is sufficient to enter the full name.

By submitting the order, I confirm that I have read the AGB and the Privacy Policy of mfd Diagnostics GmbH and further that I am authorised by the customer indicated above to initiate orders with costs.

|  |
| --- |
| **Wird von mfd ausgefüllt** |
| Auftragsnummer | Auftragsnummer |
| Lagerort | Lagerort |
| Lieferdatum | Lieferdatum |
| Bearbeiter | Bearbeiter |