Request for Quote

Please Select Product and Quantity:

|  |  |  |
| --- | --- | --- |
| **Catalog #** | **Product** | **Qty** |
| 276-201 | EpiX Kit, Base medium with supplements Serum- and feeder-free epithelial cell culture media | **Type Qty.** |
| 276-101 | CRM Medium Serum containing medium, used together with Propagenix irradiated feeder cells | **Type Qty.** |
| PF-1100 | Irradiated 3T3-J2 Feeder Cells Irradiated mouse 3T3-J2 cells, used together with CRM medium | **Type Qty.** |
| 256-100 | Conditioned Medium 3T3-J2 feeder cell-conditioned medium | **Type Qty.** |

\*Plus Shipping and Handling

Requestor Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | Enter name. | | | | |
| **Email:** | Enter email address. | | | | |
| **Phone:** | XXX-XXX-XXXX ext XXXX. | | | **Date:** | Enter date. |
| **Company:** | Enter Company name. | | | | |
| **Tax Exempt?** | Yes  No | **Select Type:** | Industry | | Academic / Non-profit |

Ship to Address:

|  |  |  |  |
| --- | --- | --- | --- |
| **Attn:** | Name or Department | | |
| **Company:** | Enter Company Name | | |
| **Address 1:** | Enter number and street | | |
| **Address 2:** | Dept/Suite/Room, etc. | | |
| **City:** City. | | **State:** XX State. | **Zip:** XXXXX |

Bill to Address: Mark box if same as shipping

|  |  |  |  |
| --- | --- | --- | --- |
| **Attn:** | Name or Department. | | |
| **Company:** | Enter Company name. | | |
| **Address 1:** | Enter number and street. | | |
| **Address 2:** | Dept/Suite/Room, etc. | | |
| **City:** City. | | **State:** XX State. | **Zip:** XXXXX. |