Request for Quote

Please Select Product and Quantity:

|  |  |  |
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| **Catalog #** | **Product** | **Qty** |
| 276-201 | EpiX Kit, Base medium with supplementsSerum- and feeder-free epithelial cell culture media | **Type Qty.** |
| 276-101 | CRM MediumSerum containing medium, used together with Propagenix irradiated feeder cells | **Type Qty.** |
| PF-1100 | Irradiated 3T3-J2 Feeder CellsIrradiated mouse 3T3-J2 cells, used together with CRM medium | **Type Qty.** |
| 256-100 | Conditioned Medium3T3-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. |