



Please fill in and send back by fax:

0049-(0)7531-1229011

Hereby I order the following products:

Medium	Comments	Volume per unit	Order No.	Price per unit * (Euro)	Amount ordered
cytobox™ CHO select	Ready-to-use with serum, <b>with</b> puromycin. For growth of cytobox™ CHO cell lines.	100 ml	CY-01003-100ML	29,00	
		500 ml	CY-01003-500ML	59,00	
cytobox™ HEK select	Ready-to-use with serum, <b>with</b> puromycin. For growth of cytobox™ HEK cell lines.	100 ml	CY-01002-100ML	29,00	
		500 ml	CY-01002-500ML	59,00	
cytobox™ Basic	Ready-to-use with serum, <b>without</b> puromycin. For growth of any cytobox™ cell line – but addition of puromycin needed. Used in combination with cytobox™ High select medium to titrate the expression level.	100 ml	CY-01001-100ML	22,00	
		500 ml	CY-01001-500ML	49,00	
cytobox™ High select	Ready-to-use with serum, <b>with</b> puromycin. For usage with any cytobox™ cell line. Used in combination with cytobox™ Basic medium to titrate the expression level.	100 ml	CY-01004-100ML	39,00	
		500 ml	CY-01004-500ML	69,00	

\* All prices are without VAT and shipment. Our terms and conditions are valid for all orders.

Please fill in amount, complete address data and sign below



**Delivery address:**

\_\_\_\_\_

company

\_\_\_\_\_

title first name last name

\_\_\_\_\_

department

\_\_\_\_\_

street

\_\_\_\_\_

country ZIP town

\_\_\_\_\_

Tel Fax

\_\_\_\_\_

e-Mail @ \_\_\_\_\_

**Invoice address:**  
(if different from delivery address):

\_\_\_\_\_

company

\_\_\_\_\_

department

\_\_\_\_\_

street

\_\_\_\_\_

country ZIP town

**Your order number**  
(will appear on the shipping note and the invoice):

\_\_\_\_\_

**Your signature**  
(hereby I order the above-mentioned products)

\_\_\_\_\_

date signature