



UNIVERSITÀ
DI SIENA
1240



ACCORDO TNGB- ILA
ALLEGATO 1.C

Dipartimento di Biotecnologie Mediche

**ANNEX A: ORDERING FORM
REQUEST ID #**

Please, fill in and sign the form, then send it back to:

Prof. Alessandra Renieri, Medical Genetics Laboratory, University of Siena

Address

Fax **e-mail**

PROJECT DETAILS

Principal investigator

Project title

Grant sponsor **Project no.**

Institute

Phone **Fax**

E-mail

Project description

(Please describe the data you hope to gather through the requested sample)

SHIPPING DETAILS

Shipping address

Courier name

Courier account number

INVOICE DETAILS

Organisation Full Name

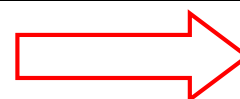
Complete Address

VAT Code (EU States)

Contact Person

Phone **Fax**

E-mail



Dipartimento di Biotecnologie Mediche
Genetica Medica

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