

## **Request for Sedia Price Quotation**

CLUD TO.							
SHIP TO:		Company Name					
		Address:					
		Address 2:			Telephone:		
		City:				State/Province:	
		Country:				Zip/Postal Code	
		Contact Name: Co		Con	tact Email:		
BILL TO:		Company Name					
		Address:					
		Address 2:			Telephone:		
		City:				State/Province:	
		Country:				Zip/Postal Code	
		Contact Name:		Contact Email:			
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	Quan	ntity Requested Sedia Catalog Numb		-		Description	
			1002		SEDIA™ HIV-1 LAg-Avidity EIA		
			1130-100		Asanté™ HIV-1 Rapid Recency® Assay (100/pk)		
			1130-020		Asanté™ HIV-1 Rapid Recency® Assay (20/pk)		
			1819-100, 1820-100, 1821-100		Asanté™ DBS Strips (100/pk) (Please Specify)		
					Other Product		
	Reque	quested Delivery Date: Special Instructions (If Any):					
Is your Company: ☐ The End User ☐ A Distributor  Will the product be used for: ☐ Research ☐ Diagnostics ☐ Other: ☐ Is your Company Located in: ☐ The U.S. ☐ Outside the U.S.  Do you require a shipping quote?: ☐ Yes ☐ No (If No Please provide Sedia with shipping accounts)							
						de Sedia with shipping account information)	
	To obtain	obtain a price quotation, email this completed form to: <a href="mailto:customerservice@sediabio.com">customerservice@sediabio.com</a> or fax to Sedia Customer Service at +1 503 459 4168.					
Delivery date is dependent on terms detailed in price quotation and may be subject to change due to factors beyond the control of Sedia Bioscier This form does not constitute an order or guarantee of availability of the product requested.						factors beyond the control of Sedia Biosciences.	

Sedia requires prepayment for all international orders. Prepayment required for U.S. domestic orders from customers without established credit. For additional information, contact Sedia Customer Service at <a href="mailto:customerservice@sediabio.com">customerservice@sediabio.com</a> or by phone (+1 503 459 4159) or fax (+1 503 459 4168).