

Fax Order Form

Fax +49-(0)641-4996-77

Title: Name:.....

Hospital/Institute/Practice:

Department:

Street:

City:

ZIP Code: Country:

Phone: Country code: Number:

Fax: Country code: Number:

This is my binding order:

ELISAS & ACCESSORIES

RAPID TESTS

Quantity	Product	Cat.- No.	Unit price EUR	Total EUR
	ScheBo® • Pancreatic Elastase 1 Serum Test	06		
	ScheBo® • Pancreatic Elastase 1 Stool Test	07		
	ScheBo® • E1 Quick-Prep™	07-Quick		
	ScheBo® • Tumor M2-PK™ EDTA-Plasma Test	08		
	ScheBo® • Tumor M2-PK™ Stool Test	11		
	ScheBo® • Tumor M2-PK-Quick-Prep™	11-Quick		
	ScheBo® • Elastase 1 Canine	09		
	ScheBo® • E1 Quick-Prep™ Canine	09-Quick		
	ScheBo® • Extraction Buffer	02		
	ScheBo® • Brainostic™ Test GFAP-ELISA	13		
	ScheBo® • M2-PK Quick™ (10 rapid tests)	19-I		
	ScheBo® • 2in1 Quick™ (10 rapid tests)	23-I		
	ScheBo® • Pancreas Elastase 1 Quick™ (10 rapid tests)	24-I		
	ScheBo® • Pancreas Elastase 1 Quick™ Canine (5 rapid tests)	25-I		
		Total:		

O Remarks:

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Date: _____

Signature: _____

ScheBo® • Biotech AG

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