

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:

Quantity	Product	Cat.-No.	Unit price EUR	Total EUR
Human Diagnostics (ELISA KITS)				
	ScheBo® • Pancreatic Elastase 1™ Serum Test	06		
	ScheBo® • Pancreatic Elastase 1™ Stool Test	07		
	ScheBo® • Tumor M2-PK™ EDTA-Plasma Test	08		
	ScheBo® • Tumor M2-PK™ Stool Test	11		
	ScheBo® • Hb Smart™	26		
	ScheBo® • M2-PK + Hb™ Combi Stool Test	27		
	ScheBo® • Lactoferrin Smart™ Stool Test	29		
	ScheBo® • Calprotectin Smart™ Stool Test	30		
Human Diagnostics (Rapid Tests)				
	ScheBo® • M2-PK Quick™ (10 rapid tests)	19		
	ScheBo® • 2in1 Quick™ (10 rapid tests)	23		
	ScheBo® • Pancreas Elastase 1 Quick™ (10 rapid tests)	24		
Veterinary Diagnostics				
	ScheBo® • Elastase 1 Canine Faecal ELISA Test	09		
	ScheBo® • Pancreas Elastase 1 Quick™ Canine (5 rapid tests)	25		
ScheBo® • Quick-Prep™ Sample Preparation System				
	ScheBo® • Master Quick-Prep™	28-Quick		
	ScheBo® • E1 Canine Quick-Prep™	09-Quick		
	Extraction buffer (5 x)	02		
	Sample-/washing buffer (5 x)	03		
		Total:		

Remarks:

Date: _____

Signature: _____

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