

REQUEST FOR ANALYSIS

The purpose of this form is to document a request for analysis and document the cost quote generated. The individual requesting the analysis should complete this form in its entirety.

POINT OF CONTACT

Name:		Title:	
Agency:		Email:	
Phone #:		Alt. Phone #:	
Brief description of reason for request:			

ITEMS TO BE TESTED

Please list all items that you want tested.

Item Description	Sample Type (blood, buccal swab, etc)

QUOTE

Date	Quote #

We can satisfy the above request for testing. This quote includes covers all of the following costs:

				Quote Valid Until:
Description	Dates	Qty	Price	Total (USD)
Forensic STR Analysis and Interpretation		1		

GENERAL TERMS AND CONDITIONS

The above amounts are based on details provided and any changes made prior to or during the event may require price adjustment.

This agreement to test may be terminated by either party at any time prior to its full term of performance provided that a written notice is given to the other party fifteen (15) days in advance. In the event of termination, MURC will be reimbursed for all non-cancelable costs and commitments incurred in performance of the project through the effective date of termination. If this arrangement is agreeable, please advise us by email and we proceed.