



**Use this form for tube orders only,
for plate orders please use the Plate Order Form**

Required Field	
*Ship To Number Quote Number	1030319
*Purchase Order Number	
*Attention/Building Email Address	Carlo Sala c.sala@in.cnr.it
*Contact Phone Number	02/50317092

This cell needs to be filled in with your specific order data

These cells have been completed for you or contain options that are not currently available

***Delivery Address** Dott. Carlo Sala
CNR Istituto di Neuroscienze
via Vanvitelli 32
20129 Milano

**Invoice Address
(If Different)**

Tubes:

Email orders to: europrim@invitrogen.com
Technical Help email: eurotech@invitrogen.com

*Number of Primers in Order