



## IdentiCell Payment Agreement

### Payment information

**I hereby confirm that:**

*\* required information*

**Inst./Firm/Dept.\*:** .....

**Address\*:** .....

**Zip-code\*:** ..... **City\*:** ..... **Country\*:** .....

**International Purchase order (IPO) or EAN (Danish customers)\*:** .....

**Person reference :** .....

**ØS kontostreng (customers in Region Midt)** .....

**will cover the expense of the ordered IdentiCell tests.**

*Please see prices and discounts from the IdentiCell submission form. Danish customers will be billed in Danish crowns (DKK).*

### Contact information

**Name\*:** .....

**E-mail\*:** .....

**Phone\*:** .....

**Date\*** ..... **Signature\*** .....

*Please fill in and sign this form and mail it together with the IdentiCell submission form and your samples to:*

**Dept. of Molecular Medicine (MOMA)  
Att. IdentiCell  
Aarhus University Hospital  
Palle Juul-Jensens Boulevard 99  
8200 Aarhus N  
Denmark**

*Case report results will only be sent to you on completion of this form.*



Scan QR code to download this form

Reserved by MOMA, IdentiCell order no: \_\_\_\_\_