

Contact Request Form (Print, complete, and then fax to us.)

To receive more information about SmartGene and our services, please complete this form. If you have a specific request, please fill in the comment area. SmartGene assures you that we will only use the information you provide to aid us in responding to your inquiry. Please see our Privacy Statement for further details regarding our use of the information you provide.

■ I would like information on the following (please check what applies):

- | | | |
|---|---|--|
| <input type="checkbox"/> SmartGene IDNS™ | <input type="checkbox"/> SmartGene FUNGI | <input type="checkbox"/> SmartGene BACTERIA |
| <input type="checkbox"/> SmartGene HIV | <input type="checkbox"/> SmartGene HCV | <input type="checkbox"/> SmartGene INFLUENZA |
| <input type="checkbox"/> SmartGene MLST | <input type="checkbox"/> SmartGene HLA | <input type="checkbox"/> <i>Other (please elaborate)</i> |

Comments:

Please contact me regarding a custom application for _____.

■ Please have a *SmartGene* representative contact me.

Preferred method of contact: Phone Email

Title	First Name	Last Name
Company	Department	Job Function
Address	City/State	Postal Code/Country
Email	Phone	Fax

■ Send or fax back to:

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