

2026 INTERNATIONAL CELL EXCHANGE SUBSCRIPTION FORM

| Item Description | Item no. | Samples per shipment | Samples/ Shipments per year | Fee per shipment | # shipments | Total Fee |
|---|----------|--|--------------------------------|---------------------------|-------------|-----------|
| Single Antigen, Flow & Virtual Crossmatch | CXT014 | 4 anti-HLA sera/2 cells (express delivery incl.) | 12 sera + 6 cells/ 3 shipments | | | |
| Item Description | Item no. | Samples per shipment | Samples/Shipments per year | Fee per shipment | # shipments | Total Fee |
| Antibody Identification | CXT005 | 5 anti-HLA sera | 15 sera/3 shipments | | | |
| Class I/II Typing | CXT007 | 3 B-cell lines | 12 cells/4 shipments | | | |
| KIR typing | CXT010 | 6 DNA extracts | 12 DNA/2 shipments | | | |
| MICA typing | CXT013 | 6 DNA extracts | 12 DNA/2 shipments | | | |
| *Shipping options - select one: | | Fee per shipment | *Total # shipments | Total shipping fee | | |
| Standard Shipping (US) | | | | | | |
| Standard Shipping (Int'l) | | | | | | |
| Express Shipping (U.S) | | | | | | |
| Express shipping (Int'l) | | | | | | |
| **Duties and taxes (Int'l) | REF001 | | | | | |

*Enter the total number of shipments for all enrolled surveys. Exclude item CXT014 and do not double-count items that ship on the same date (see the shipping schedule). Examples:

- If enrolling in CXT007 and CXT010, the items ship separately, so the total number of shipments is 6.
- If enrolling in CXT010 and CXT013, the items ship together, so the total number of shipments is 2.

**if item is not selected, import duties & taxes imposed by customs are the responsibility of the receiving laboratory.

Shipping and Contact Information

Director: _____ Center no. _____

Print director's name on shipping label: Yes ☐ No ☐ If "No", specify name (s) below:

Attn: _____

Institution: _____ TAX ID/VAT no. _____

Laboratory: _____

Street Address: _____

City/State/Country: _____ Postal code: _____

Telephone: _____ Fax: _____

Contact name(s): _____

Email address(s): _____

Billing Information

Billing contact name(s) & email(s): _____

Purchase order no. _____ Please provide copy of purchase order.

Please email the completed form to alocke@mednet.ucla.edu.