

ENROLLMENT FORM for the International HLA DNA Exchange

Six samples of pre-isolated DNA (50ul at > 350ug/ml) are sent out every three months (24 samples/year). Six weeks are allotted for class I and class II testing.

The yearly fee is \$563.12 USD; mid-year enrollees will receive prorated invoices. Shipments include U.S. First Class Mail. Other shipping options are available, please see below.

PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION

Director's Name: _____

Print director's name on shipping label? YES NO If No, write name: _____

Attn to: _____

Institution: _____

Name of Laboratory: _____

Street Address*: _____

*If billing information is different from shipping information, please indicate billing information on separate sheet.

City: _____

State/Province: _____

Country: _____ Postal Code: _____

Phone Number (area code + number): _____

TAX ID: _____

E-mail address(es)**: _____

**At least one email address is required.

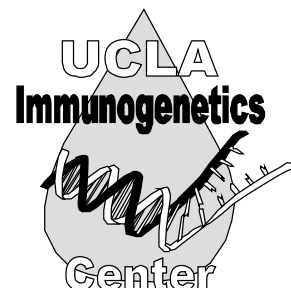
Contact Person(s): _____

Shipping: **U.S. First Class Mail** [no charge] _____
(please select one) **FedEx Overnight** \$157.28 Domestic _____

FedEx \$244.20 International _____
UPS \$244.20 International _____
USPS Express Mail \$244.20 International _____

*Duties and Taxes [\$25/shipment]: _____
*duties and taxes are paid by recipient; select this option if you would like us to pay.

Please send, fax, or email this completed form to:
International HLA DNA Exchange
UCLA Immunogenetics Center
1000 Veteran Ave. Rm 1-520
Los Angeles, CA 90095-1652
P: (310) 206-8774 F: (310) 206-3216
E: AMalvarez@mednet.ucla.edu



Billing Address (if different than shipping address):

Attn to: _____

Institution: _____

Street Address: _____

City: _____

State/Province: _____

Country: _____ Postal Code: _____

Phone Number (area code + number): _____

E-mail address(es): _____

* Invoice will be emailed

Contact Person(s): _____

Please provide any additional comments:

send or fax the completed form to:
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