



INTER SCIENCE  
INSTITUTE  
1-310-677-3322  
Fax 310-677-2846

Client Request for Information  
Requests@interscienceinstitute.com

I am in need of: \_\_\_\_\_ Use P.O. number for billing: \_\_\_\_\_

\_\_\_\_ Z-tube™ Preservatives: Quantity \_\_\_\_\_ (@ \$30.00/tube) = \$ \_\_\_\_\_

\_\_\_\_ GI Preservative tubes: Quantity \_\_\_\_\_ (@ \$30.00/tube) = \$ \_\_\_\_\_

\_\_\_\_ TRH Preservative tubes: Quantity \_\_\_\_\_ (@ \$30.00/tube) = \$ \_\_\_\_\_

\_\_\_\_ Fax ISI's licensure. Please specify: CLIA, CAP, CA, FL, MD, PA, RI or all \_\_\_\_\_

\_\_\_\_ Mail copy of CURE® or Neuroendocrine Tumor Handbook (specify which book).

\_\_\_\_ Book or CD (please circle which format desired and number of copies): \_\_\_\_\_

Please send the requested item(s) to the contact listed below:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date of request: \_\_\_\_\_

**ISI Use only:** Date Rec'd: \_\_\_\_\_ Date processed: \_\_\_\_\_