

REQUEST FOR RESEARCH SERVICE CANCELLATION FORM

ORDERING INFORMATION

<input type="checkbox"/> RESEARCHER Name _____ Phone _____ Fax _____ Street Address _____ City _____ State/Province _____ Zip/Postal code _____ Country _____ Email address _____	<input type="checkbox"/> INSTITUTION Name _____ Phone _____ Fax _____ Street Address _____ City _____ State/Province _____ Zip/Postal code _____ Country _____ Email address _____	FOR CEN4GEN ADMINISTRATION USE ONLY REQUEST GRANTED <div style="text-align: center;"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING </div>
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SERVICE INFORMATION

Please provide all of the following information:

CEN4GEN Quotation/Invoice Number _____

Other information _____

Refunds shall be returned to the Client by Bank Wire transfer. Please note that applicable refund fees set by CEN4GEN could potentially apply prior to issuing a refund and shall be deducted from the amount to be refunded. This authorization for test cancellation is subject to the Client's agreement with CEN4GEN's Terms and Condition of Research Services (<http://cen4gen.org/index.php/research-services/terms-and-conditions-of-research-services/>).

I hereby request the cancellation of the above mentioned test(s).

(TO BE COMPLETED BY CLIENT OR AUTHORIZED PERSONNEL OF CLIENT)

FULL NAME (Print): _____

SIGNATURE: _____

DATE: _____

(TO BE COMPLETED BY CEN4GEN)

DATE CANCELLATION REQUEST IS RECEIVED BY CEN4GEN: _____