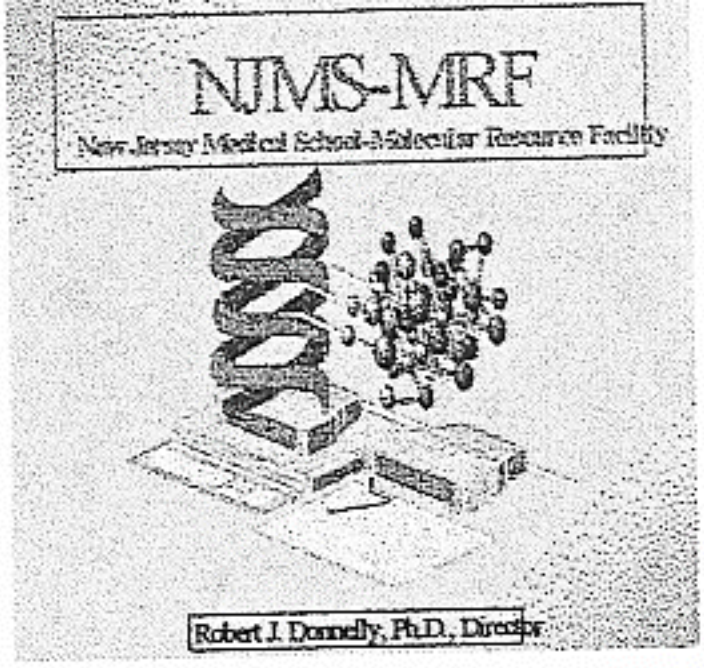

CIPHERGEN BIOSYSTEMS CHIP REQUEST FORM

LABORATORY ID#:_____ Date:_____

PI Name:_____ E-mail:_____

Fund #:_____ PI Signature: _____

TYPE	NUMBER	COST/CHIP	TOTAL
TOTAL			