## Your Power for Health



## m3D Customer Request Form

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					E-Mail				
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Other.								_	
2.2 What cell line / type(s) are you planning to utilise?									
2.3 How many cells per spheroid would be ideal for your system?									
cells / spheroid									
2.4 Do they have a cell number constraint or limitations? Such as patient derived?									
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## 4 Filled in from / Please forward it to Product Management or Export Manager

Subsidiary or Distributor		
Name	Country	
Street	Phone	
ZIP / City	E-Mail	