

Science IP Request Form

Customer Requesting Information:

Dr. Mr. Mrs. Ms. Miss

Family/Last Name First Name MI

Organization

Address

Telephone

Fax

Email

Payment Information:

Bill Me: VISA MasterCard American Express
Card # _____

Expiration Date (Month/Year) _____

Purchase Order # _____

Client Reference # _____

Bill Me at Address Provided

Bill to Contact/Address (if different from Address Provided)

Alternative Contact (Optional)

Science IP provides firm, all-inclusive quotes on an individual project basis. In order to better assist you, please complete the following information describing your search request. Once your search has been assigned to one of our staff, we will contact you via email.

Requesting:

- Literature Search
- Patent Search
- Chemical Structure Search
- Sequence Search
- Alert (SDI) Update Frequency
- Full-text of documents
- Connection Table Search

Send list of CAS Registry Number or chemical names (one per line) via email to scienceip@cas.org

Please deliver Connection Table output in the following format:

- SMILES SD file Individual MOL files (an additional processing fee may apply)

Other _____

Estimate

Priority Service (50% Surcharge)

Delivery of Results:

- Email
- Fax (less than 50 pages)
- Regular mail
- Overnight courier
 - Bill me
 - Courier Account # _____

Please complete any fields relevant to your search request.

**Search Topic
(Quick Description):** _____

**Search Keywords
and Concepts:** _____

**Compounds,
Tradenames:** _____

**Key Authors,
Papers, Books:** _____

Range of Years: _____

Databases: _____
(Provide list of
suggested sources) _____

**Reason
for Search:** State-of-the Art Prior Art/Literature Search Patentability Validity
 Infringement Freedom-to-Practice/Operate General Research
 Other _____

**Duplicate
Removal:** Include duplicate records from different database producers
 Remove Duplicates

**Maximum
Records
to Retrieve:** _____

**Additional
Information:** _____

A signature below is required before the requested Science IP search will be performed. This acknowledges acceptance of the [Science IP Terms and Conditions](#) and [CAS Information Use Policies](#). Once the signed, dated form has been returned, we can begin working on your request. Typing your name below is considered an authorized signature.

Authorized Signature _____ **Date** _____