

Orders are final after submission. \* All Required Fields must be filled out before orders can be processed. Please send the completed form with your samples, or FAX to 1-510-398-1515, or EMAIL to [support@appliedbiomics.com](mailto:support@appliedbiomics.com)

<u>ABO Internal Use</u>	
PC: _____	PL: _____
Order: _____	

Customer Information

<b>*Category</b>	<input type="checkbox"/> Academic / Governmental Lab <input type="checkbox"/> Industrial / Commercial Lab	
<b>*Date</b>	_____	
	<b>*Contact Person</b>	<b>*PI ( <input type="checkbox"/>Same as Contact Person)</b>
<b>*Name (First Last)</b>	_____	_____
<b>*Company/Institution</b>	_____	_____
<b>*Department</b>	_____	_____
<b>*Phone number</b>	_____	_____
<b>*Email Address</b>	_____	_____
<b>*Mailing Address</b>	_____	

**\* Billing Information (Check One and fill out all corresponding fields)**

- Purchase Order: Please send a hardcopy by Email: [ar@appliedbiomics.com](mailto:ar@appliedbiomics.com) or Fax (1-510-398-1515)
- Credit card: Please provide the following information

<b>Contact person</b>	_____
<b>Phone number</b>	_____
<b>Email Address</b>	_____

How did you find us: Email    Search Engine    Conference    Referred by colleague \_\_\_\_\_

**\* Service Description**
Quantity

<input type="checkbox"/> 2D DIGE Analytical Gel (2 CyDye Labeling)	_____
<input type="checkbox"/> 2D DIGE Analytical Gel (3 CyDye Labeling)	_____
<input type="checkbox"/> 2D DIGE & Phospho-Protein Profiling	_____
<input type="checkbox"/> 2D DIGE & Glyco-Protein Profiling	_____
<input type="checkbox"/> 2D Gel with 1 CyDye Labeling	_____
<input type="checkbox"/> 2D Gel Transfer to Membrane	_____

**2D DIGE Analytical Gel Order Form**

- Western Blot with One Color
- Western Blot with Two Color
- Standard 2D Gels with Different Staining
- Customized Sample Preparation
- Other Services: \_\_\_\_\_


**\*Biohazard Material (we will not process samples if the following information is not provided)**

- The samples do NOT contain any biohazard material or radioisotopes (e.g. <sup>14</sup>C, <sup>32</sup>P, <sup>35</sup>S, etc.) of any kind.
- The samples contain \_\_\_\_\_, which is Level \_\_\_\_ Biohazard material. I have completely deactivated the biohazard material using the appropriate procedure.

**\*Gel Layout**

	Control	Test - 1	Test - 2
<a href="#">Gel 1</a>			
<a href="#">Gel 2</a>			
<a href="#">Gel 3</a>			
<a href="#">Gel 4</a>			
<a href="#">Gel 5</a>			
<a href="#">Gel 6</a>			

- Gel layout is on a separate sheet (> 6 gels)

**Optional:** Please provide information that would be helpful to the project.

<p><b>Sample species:</b> <input type="checkbox"/> Human   <input type="checkbox"/> Mouse   <input type="checkbox"/> Plant   <input type="checkbox"/> Bacteria   <input type="checkbox"/> Others _____</p> <p><b>Sample type:</b> <input type="checkbox"/> Cell pellet   <input type="checkbox"/> Tissue   <input type="checkbox"/> Protein extract   <input type="checkbox"/> IP   <input type="checkbox"/> Serum   <input type="checkbox"/> CSF   <input type="checkbox"/> Other _____</p> <p><b>Sample amount (mg/ml):</b> _____</p> <p><b>*Antibody (required for WB):</b> Animal Species _____; Recommended Dilution _____</p> <p><b>Comments:</b> _____</p>
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**\* Order Submitted and Agreed to by :** \_\_\_\_\_  
**Print Name and Title**

\_\_\_\_\_

**Signature**

By signing this form, I certify that I have read the "Terms and Conditions" at <http://www.appliedbiomics.com/terms.html>, and will fully comply with those terms as a condition to the services provided by Applied Biomics.