

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><a href="#">ABO Internal Use</a></u>	
PC: _____	PL: _____
Order: _____	

Customer Information

\*Category  Same as 2D-DIGE Order Form (project # \_\_\_\_\_)  
If different, please complete the following information.

\*Date \_\_\_\_\_

\*Contact Person

\*PI (  Same as Contact Person)

*Name (First Last)		
*Company/Institution		
*Department		
*Phone number		
*Email Address		
*Mailing Address		

\* 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

Contact person	
Phone number	
Email Address	

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

\* 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.

Preparative Gel Info

Control

Test - 1

Test - 2

Gel 1

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Gel 2

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**Protein ID Information: Gel 1**

\* Sample Species

 Human     Mouse     Other \_\_\_\_\_

\* Total Number of Spots to Pick

\* Total Number of Spots to ID

\* List of Spots to ID / Comments

See attached file

**Protein ID Information: Gel 2**

\* Sample Species

 Human     Mouse     Other \_\_\_\_\_

\* Total Number of Spots to Pick

\* Total Number of Spots to ID

\* List of Spots to ID / Comments

See attached file

Please use a copy of this page for more gels for spot picking and protein ID.

**Other Services**
**Quantity**

Extra Data Analysis (hour)

Customized Services (Please provide a brief description)

\* 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.