

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

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

Customer Information

*Category	<input type="checkbox"/> Same as previous project(s). Project Number _____ <input type="checkbox"/> Academic / Governmental Lab <input type="checkbox"/> Industrial / Commercial Lab
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*Date	
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***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 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 _____

*** Mass Spectrometry Services**
Number of Samples

<input type="checkbox"/> Protein ID by MALDI-TOF/TOF for DIGE customers	
<input type="checkbox"/> Protein ID by MALDI-TOF/TOF for external customers	
<input type="checkbox"/> LC-MS/MS on Low complexity samples (1D Gel band)	
<input type="checkbox"/> LC-MS/MS on Moderate complexity samples	
<input type="checkbox"/> LC-MS/MS on Moderate to High complexity samples	

Mass Spectrometry Order Form

- LC-MS/MS on High complexity samples
- Phospho-peptide enrichment
- Identification of Phosphorylation-site *
* Please provide accession number or protein sequence
- De Novo Peptide Sequencing
- Customized mass spectrometry services
- Customized sample preparation

* iTRAQ® Services	# of samples	* iTRAQ® Services	# of samples
<input type="checkbox"/> iTRAQ® Experiment – 1	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> iTRAQ® Experiment – 3	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> iTRAQ® Experiment – 2	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> iTRAQ® Experiment – 4	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Customized sample preparation	<input style="width: 100%;" type="text"/>		

Sample description for each experiment:

- * 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. ¹⁴C, ³²P, ³⁵S, etc.) of any kind.
 - The samples contain _____, which is Level ____ Biohazard material. I have completely deactivated the biohazard material using the appropriate procedure.

Please provide information that would be helpful to the project.

Sample species: Human Mouse Plant Bacteria Others _____

For Gel slices: Coomassie Silver Sypro ruby Other _____

In-solution sample: buffer condition and estimated sample amount (mg/ml)_____

Comments:

*** 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.