

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"/> Academic / Governmental Lab <input type="checkbox"/> Industrial / Commercial Lab	
*Date	_____	
	*Contact Person	*PI (<input type="checkbox"/>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 _____

***Service Description**

	<u>Quantity</u>
<input type="checkbox"/> 1D gel with no CyDye labeling / up to 14 samples	_____
<input type="checkbox"/> 1D gel with 1 CyDye labeling / up to 14 samples	_____
<input type="checkbox"/> Transfer to PVDF or Nitrocellulose membrane	_____
<input type="checkbox"/> Western Blot with one color	_____
<input type="checkbox"/> Western Blot with two color	_____
<input type="checkbox"/> Customized Sample Preparation	_____

1D DIGE gel with 2 CyDye labeling

 1D DIGE gel with 3 CyDye labeling

***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.

***Gel Info**

Gel 1

Gel 2

Gel 3

Gel 4

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

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

Sample species: Human Mouse Plant Bacteria Others _____

Sample type: Cell pellet Tissue Protein extract IP Serum CSF Other _____

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.