

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 Academic / Governmental Lab Industrial / Commercial Lab

*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 or Fax (1-510-398-1515)

Credit card (Visa and Master card only):

Contact person _____

Phone number _____

Email Address _____

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

* **Service Description**

Quantity

2D DIGE Analytical Gel (2 CyDye Labeling) _____

2D DIGE Analytical Gel (3 CyDye Labeling) _____

2D DIGE & Phospho-Protein Profiling _____

2D DIGE & Glyco-Protein Profiling _____

2D Gel with 1 CyDye Labeling _____

2D Gel Transfer to Membrane _____

2D DIGE Analytical Gel Order Form

- Western Blot with One Color
- Western Blot with One 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. 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.

***2D DIGE Analytical Gel Layout**

	Sample-1 (Control)	Sample-2	Sample-3
Gel 1			
Gel 2			
Gel 3			
Gel 4			
Gel 5			
Gel 6			

- Please use a separate sheet if > 6 gels

***2D DIGE Western Blot Gel Layout**

	Sample	Antibody-1	Antibody-2
Gel 1			
Gel 2			
Gel 3			
Gel 4			
Gel 5			
Gel 6			

- Please use a separate sheet if > 6 gels



***Sample & Antibody Information (Required)**

Sample species: Human Mouse Plant Bacteria Others _____
Sample type: Cell pellet Tissue Protein extract IP Serum CSF Other _____
Protein amount & concentration (mg/mL): _____
Target protein: N/A Present – estimated Mw and pI _____
Sample buffer (optional): _____
Antibody (required for WB): Animal Species _____; Recommended Dilution _____

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.

***2D DIGE Analytical Gel Layout**

	Sample-1 (Control)	Sample-2	Sample-3
Gel 01			
Gel 02			
Gel 03			
Gel 04			
Gel 05			
Gel 06			
Gel 07			
Gel 08			
Gel 09			
Gel 10			
Gel 11			
Gel 12			

*** 2D DIGE Western Blot Gel Layout**

	Sample	Antibody-1	Antibody-2
Gel 01			
Gel 02			
Gel 03			
Gel 04			
Gel 05			
Gel 06			
Gel 07			
Gel 08			
Gel 09			
Gel 10			
Gel 11			
Gel 12			