



Please fax the completed form to **1-510-887-0867** or include the completed form with your samples. **Orders are final after submission. \* All Required Fields must be filled out before orders can be processed.**

[ABO Internal Use](#)

CP: \_\_\_\_\_

PL: \_\_\_\_\_

### Customer Information

\*Category

- Same as previous project(s). Project Number \_\_\_\_\_
- Academic / Governmental Lab
- Industrial / Commercial Lab

\*Date

\*Contact Name (Last, First)

\*Company/Institution

Department

\*PI Name (Last, First)

Phone number

\*Email Address

\*Shipping Address

\*Phone

Fax

\*Email Address

### Billing Information

Check for credit card payment. We will call for your credit card information.

\*PO Number  
(Please fax a copy of PO)

\*Billing Address

Phone

Fax

Email Address

How do you know us:  Email  Search Engine  Conference  Referred by colleague \_\_\_\_\_



**\*Mass Spectrometry Services**

**Number of Samples**

- Protein ID by MALDI-TOF/TOF for DIGE customers
- Protein ID by MALDI-TOF/TOF for external customers
- LC-MS/MS on low complexity samples (1D Gel band)
- LC-MS/MS on moderate complexity samples
- 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**

- iTRAQ® Experiment – 1
- iTRAQ® Experiment – 2
- Customized sample preparation


- iTRAQ® Experiment – 3
- iTRAQ® Experiment – 4


**Sample description for each experiment**

--

**\*Biohazard Material (we will not process samples if the following info 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.

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

<u>Sample species:</u> <input type="checkbox"/> Human <input type="checkbox"/> Mouse <input type="checkbox"/> Others _____ <u>For Gel slices:</u> <input type="checkbox"/> Coomassie <input type="checkbox"/> Silver <input type="checkbox"/> Sypro ruby <input type="checkbox"/> Other _____ <u>In-solution sample</u> , buffer condition and estimated sample amount (mg/ml) _____
--

**Comments:**

--

**\* Order Submitted and Agreed to by :**

_____	_____
<b>Printed Name and Title</b>	<b>Signature</b>

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.