

Orders are final after submission. \* All Required Fields must be filled out before orders can be processed. Please complete the form and email to [support@appliedbiomics.com](mailto:support@appliedbiomics.com), or send the completed form with your samples.

<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)
- 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 \_\_\_\_\_

\* **Biohazardous Material** (we will not process samples if the following information is not provided)

- The samples do NOT contain any biohazardous 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 a Level \_\_\_\_ Biohazardous material. I have completely deactivated the biohazardous material using the appropriate procedure.

**Preparative Gel Info**

**Sample-1 (Control)**

**Sample-2**

**Sample-3**

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 attach another copy of this page if more than two preparative gels are needed.

**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.