

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, or send the completed form with your samples.

<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

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

<input type="checkbox"/> 2D DIGE HCP Profiling (2 CyDye Labeling)	
<input type="checkbox"/> 2D DIGE HCP Profiling (3 CyDye Labeling)	
<input type="checkbox"/> 2D Gel with 1 CyDye Labeling	
<input type="checkbox"/> 2D Gel Transfer to Membrane	
<input type="checkbox"/> Western Blot with One Color	
<input type="checkbox"/> Western Blot with Two Color	

- Standard 2D Gels with Different Staining
- Customized Sample Preparation
- Formal Report (Applied Biomics' Template)
- Additional data analysis (lists details in comments)
- Other Services: _____

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

***HCP Antibody Coverage by Western Blot Gel Layout (Please fill out gel layout on page 4 if > 6 gels)**

	HCP	Antibody	
Gel 1			
Gel 2			
Gel 3			
Gel 4			
Gel 5			
Gel 6			

***HCP Profiling Gel Layout (Please fill out gel layout on page 4 if > 6 gels)**

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

***HCP Profiling Gel Layout** (Please contact your project leader if >12 gels)

	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			

*** HCP Antibody Coverage by Western Blot Gel Layout** (Please contact your project leader if >12 gels)

	HCP	Antibody	
Gel 01			
Gel 02			
Gel 03			
Gel 04			
Gel 05			
Gel 06			
Gel 07			
Gel 08			
Gel 09			
Gel 10			
Gel 11			
Gel 12			