Applied Biomics

HCP Services Order Form

Orders are final after submission. * All Required Fields must be filled out before orders can be processed.
Please email the completed form to support@appliedbiomics.com, or send it with your samples.

* Customer Information

* Category	☐ Academic / Government 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:** Please provide the following information

Contact Person	
Phone Number	
Email Address	

How did you find us?

☐ Email ☐ Search Engine ☐ Conference ☐ Referred by colleague: _____

* HCP Services	Description	Quantity
HCP Profiling by 2D DIGE	2D DIGE HCP Profiling: 1 CyDye Labeling	
	2D DIGE HCP Profiling: 2 CyDye Labeling	
	2D DIGE HCP Profiling: 3 CyDye Labeling	
	HCP Profiling Quantitation	
	HCP Profiling Quantitation: Exclude DS spots	
	HCP Profiling Quantitation: Quadrant	

* HCP Services	Description	Quantity
HCP Ab Coverage by 2D DIGE WB	2D Gel with 1 CyDye Labeling	
	2D Gel Transfer to Membrane	
	Western Blot with One Color	
	Western Blot with Two Color	
	HCP Ab Coverage Quantitation	
	HCP Ab Coverage Quantitation: Exclude DS spots	
	HCP Ab Coverage Quantitation: Quadrant	
Other Services	HCP Sample Preparation: _____	
Use page 3 if needed	2D Gel with Silver Staining	
	2D Gel with No CyDye Labeling	

*** HCP Profiling by 2D DIGE Layout:**

List the names of your samples as they will appear in your report.

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

*** HCP Antibody Coverage by 2D DIGE Western Blot Layout:**

List the names of your samples as they will appear in your report.

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

Please fill out gel layout on page 4 if > 6 gels.

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Other Services	Quantity
Additional sample prep: _____	
Additional data analysis: _____	
Formal report with Applied Biomics template: _____	
Custom 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 (^{14}C, ^{32}P, ^{35}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.

*** Sample Information (required)**

Sample species: ☐ Human ☐ Mouse ☐ Bacteria ☐ Plant ☐ Other: _____

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

In-solution sample: Buffer: _____

Protein concentration (mg/mL) & volume (μl): _____

DS / Product: N/A Present – estimated Mw and pI: _____

Antibody (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 https://www.appliedbiomics.com/order/terms-and-conditions/, and will fully comply with those terms as a condition to the services provided by Applied Biomics.

*** HCP Profiling by 2D DIGE Layout:**

List the names of your samples as they will appear in your report.

	Sample 1 (Control)	Sample 2	Sample 3
Gel 1			
Gel 2			
Gel 3			
Gel 4			
Gel 5			
Gel 6			
Gel 7			
Gel 8			
Gel 9			
Gel 10			
Gel 11			
Gel 12			

*** HCP Antibody Coverage by 2D DIGE Western Blot Layout:**

List the names of your samples as they will appear in your report.

	HCP Sample	HCP Antibody	
Gel 1			
Gel 2			
Gel 3			
Gel 4			
Gel 5			
Gel 6			
Gel 7			
Gel 8			
Gel 9			
Gel 10			
Gel 11			
Gel 12			