

2D-Gel Electrophoresis **Sample Submission Form**

sample@proteomefactory.com
www.proteomefactory.com

Contact Name:		Date:	
Company / Dept.:		Tel:	
Email:		Fax:	
Address:			

Reference: (for further communication)			
Purpose of the experiment:			
Sample origin: (e.g. tissue, species)			
Sample additives: (e.g. buffer, salts, detergents)			
Requested gels:	analytical	preparative	blotting required
Stain desired:	CBB250	silver	other: (silver for MS/ fluorescence)
Gel dimension: (in cm)	7 x 8	23 x 30	40 x 30 60 x 30

No.	Sample label (as appears on vial)	Conc./Qty. (specify units)	Description (additional information)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Completion to: (desired date)	Shipping: (date)
Additional comments:	

Method of Payment:	bank transfer	PayPal 
Billing address: (if different to contact address)		
By signing below, I acknowledge that I will be responsible for all charges and declare that the samples do not contain hazardous or radioactive material. Furthermore I understand that Proteome Factory is not responsible for any damage to the samples resulting from their transport, preparation or analysis.		
Authorized signature:		Date:

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