

2D Gel Electrophoresis Sample Submission Form

Name		Date	
Company / Dept.			
Street address			
Email			
Phone		Fax	

Billing Reference (for customer's accounting)	
Billing Address (if different from street address)	
VAT ID (required from EU customers, except Germany)	

Reference (for further communication)	
Sample origin (e. g. tissue, species)	
Sample buffer (e. g. 50mM Tris-HCl)	
Sample additives (e.g. urea, protease inhibitors)	
Sample detergents (e.g. 1% CHAPS)	

Requested gels	<input type="checkbox"/> analytical	<input type="checkbox"/> preparative	<input type="checkbox"/> blotting required
Gel dimension (in cm)	<input type="checkbox"/> 7 x 8	<input type="checkbox"/> 23 x 30	<input type="checkbox"/> 40 x 30 <input type="checkbox"/> 60 x 30
Staining	<input type="checkbox"/> Coomassie	<input type="checkbox"/> Fire Silver	<input type="checkbox"/> other, specify

No.	Sample Label (as on tube)	Conc./Qty. (specify units)	No. of gels	Description
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Additional comments	
Shipping (date/conditions)	
Completion to (express surcharge may apply)	
Purchase order (date and authorised signature)	

- Please contact Proteome Factory before shipping your samples.
- Some shipping providers do not handle dangerous goods (dry ice).
- To facilitate customs clearance, if applicable, declare your samples as
 - non-harmful,
 - non-infectious,
 - non-radioactive
 - of no commercial value
 - for laboratory-use only.