

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

|                         |  |              |  |
|-------------------------|--|--------------|--|
| <b>Name:</b>            |  | <b>Date:</b> |  |
| <b>Company / Dept.:</b> |  | <b>Tel:</b>  |  |
| <b>Street address:</b>  |  | <b>Fax:</b>  |  |
| (street address)        |  |              |  |
| (street address)        |  |              |  |
| (street address)        |  |              |  |
| <b>Email address:</b>   |  |              |  |

|   |  |
|---|--|
| <b>Billing reference:</b><br>(i.e.: billing / account number)     |  |
| <b>Billing address:</b>   |  |
| (billing address)   |  |
| (billing address)   |  |
| <b>VAT ID</b> (Value Added Tax ID,<br>required from EU customers) |  |

|   |  |
|---|--|
| <b>Sample reference:</b><br>(for further communication)     |  |
| <b>Sample origin:</b><br>(e.g. tissue, species)             |  |
| <b>Sample buffer:</b><br>(e.g. 50 mM TrisHCl,<br>10mM NaCl) |  |
| <b>Sample additives:</b><br>(e.g. urea, PMSF)               |  |
| <b>Sample detergents:</b><br>(e.g. 1% CHAPS)                |  |

|                                  |            |             |                   |         |
|----------------------------------|------------|-------------|-------------------|---------|
| <b>Requested gels:</b>           | analytical | preparative | blotting required |         |
| <b>Desired staining:</b>         | Coomassie  | Silver      | other, specify:   |         |
| <b>Gel dimension:</b><br>(in cm) | 7 x 8      | 23 x 30     | 40 x 30           | 60 x 30 |

| No. | Sample Label<br>(as appears on vial) | Conc./Qty.<br>(specify units) | No. of<br>Gels | Description<br>(additional information) |
|-----|--------------------------------------|-------------------------------|----------------|---|
| 1   |                                      |                               |                |   |
| 2   |                                      |                               |                |   |
| 3   |                                      |                               |                |   |
| 4   |                                      |                               |                |   |
| 5   |                                      |                               |                |   |
| 6   |                                      |                               |                |   |
| 7   |                                      |                               |                |   |
| 8   |                                      |                               |                |   |
| 9   |                                      |                               |                |   |
| 10  |                                      |                               |                |   |
| 11  |                                      |                               |                |   |
| 12  |                                      |                               |                |   |

|                             |  |
|-----------------------------|--|
| <b>Additional comments:</b> |  |
|-----------------------------|--|

|   |   |                                      |
|---|---|--------------------------------------|
| <b>Shipping:</b><br>(date + conditions) | <b>Completion to:</b><br>(desired date) | Express service results in surcharge |
|---|---|--------------------------------------|

|  |  |
|--|--|
| <b>Purchase order</b><br>(date and authorised signature) |  |
|--|--|

- Please contact Proteome Factory before shipping your samples.
- Some shipping providers do not handle dangerous goods (dry ice).
- If applicable:        declare your samples as non-harmful, non-infectious,  
   non-radioactive and for laboratory-use only.

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