

Protein Analysis Sample Submission Form

Date: _____

Purchase Order #: _____

CUSTOMER INFORMATION

For report:

E-mail*: _____

Name*: _____

Company*: _____

Department: _____

Address*: _____

Zip*: _____ State*: _____

City*: _____ Country*: _____

Phone*: _____

According to quote #: _____

Alphalyse contact person: _____

BILLING INFORMATION

Same as Customer Information:

E-mail*: _____

Name*: _____

Company*: _____

Department: _____

Address*: _____

Zip*: _____ State*: _____

City*: _____ Country*: _____

Phone: _____

REQUESTED ANALYSIS*

Please fill in analysis type:

SAMPLE INFORMATION

1D gel band Stain type: _____

Recombinant protein

2D gel spot Organism: _____

Sequence sent to orders@alphalyse.com

PVDF membrane

Expression organism: _____

Liquid sample Dissolved in: _____

Solid sample Dried from: _____

Additional info: _____

SAMPLE DETAILS:

WELL OR VIAL ID	SAMPLE NAME	ESTIMATED MW	ESTIMATED AMOUNT OR CONCENTRATION	COMMENT

SIGNATURE: _____