

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

Comments: _____

SAMPLE INFORMATION

1D gel band Stain type: _____ Recombinant protein

2D gel spot Organism: _____ Sequence sent to info@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: _____