



Proteomics International

REQUEST FORM 011

Disulphide Bridge Analysis

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ISO/IEC 17025

SECTION A

Contact details	
Name	Billing Address
Organisation/ Institution	Email
	Telephone
Purchase Order Number	Fax

Note: For Credit Cards/other online payments refer to last page

Sample Information - Please complete details on all pages and sign the last page	
Source: (e.g. aqueous sample, lyophilised sample)	Buffer composition for liquid or freeze-dried sample:
Protein sequence or SwissProt reference:	Amount of protein in sample(s):
	Volume of liquid sample(s):
Disulphide bridge information: No. Disulphide bridges: Postulated bridges: No. Free Cys:	Chemicals used for reduction and alkylation, if any:
Storage condition of sample: (-80°C, -20°C, 2 – 8°C, Room temperature)	No. of Samples (n):

Proteomics Analysis price guide as of January 2024:

Price (Ex. GST)

Form 011 - Disulphide Bridge Analysis	<input type="checkbox"/> USD Enquire	<input type="checkbox"/> AUD Enquire
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Lab use only:

Prep Received:		Plate No./Spot set:	
Processed/Operator:		MS data analysis/Operator:	
QC No:		Report Reference:	
Enzyme Lot No:		Checked Workflow:	
Special Considerations:		Checked Report:	

SECTION B

For each sample please provide the following information if known:

No.	Sample Details		Lab use only			
	Sample Identification	Molecular mass (kDa)	PI number	Spot No.	Checked by	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

(Please append extra table if required)

Comments:

For online credit card payment, please tick here:



Please sign here below:

1. I have read and understood the Proteomics Analysis Price List and agree to the charges and to Proteomics International's standard Terms and Conditions (available at: <http://www.proteomics.com.au/analytical-services/terms-and-conditions/>).
2. **Hazards:** I declare that the sample(s) are non-harmful, non-infectious and non-radioactive.
3. I have completed both pages of this submission form with details for each sample submitted for analysis.
4. For students, please ensure supervisor signs this form.

Note: Please be aware that samples are destroyed by analysis and cannot be returned.

Authorised Signature _____

Date: _____