



Proteomics International

REQUEST FORM 004

1-Dimensional gel electrophoresis

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Lab Use



ISO/IEC 17025

SECTION A

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

Sample Information - Please complete details on both pages & sign page 2	
Source: (e.g. freeze-dried or aqueous sample)	Buffer composition:
Staining method required: (e.g. Colloidal; Coomassie; Silver; Sypro)	Amount of protein in sample(s):
Organism: (e.g. Human, Rat, <i>E. coli</i> , Wheat)	Purity of sample(s):
	Volume of liquid sample(s):
No. of Samples (n):	pI Range: (e.g. 3-10, 4-7, Other - please specify)

Note: Provision of competent samples is the client's responsibility. Charges are payable even in the event that analysis is unsuccessful.

Proteomics Analysis price guide as of May 2016. Consult our website for latest price information.

Service 004 - 1-Dimensional gel electrophoresis		Price (USD)
1st dimension gels and staining (silver/Coomassie)	Single gel (small format)	\$350 per gel

Lab use only:

Prep Received:		Data Analysis/Operator:	
Processed/Operator:		Report Reference:	
Gel Batch 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	Amount of sample (mg/number cells)	PI number	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:

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: _____