



Proteomics International

REQUEST FORM 004

Lab Use

2-Dimensional gel electrophoresis

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Accreditation No: 16838
 ISO 17025 certified

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

Sample Information – Please sign and complete details on page 2	
Source: (e.g. freeze-dried or aqueous sample)	Analysis details: (e.g. human, rat, <i>E.coli</i> , wheat)
Organism: (e.g. human, rat, <i>E.coli</i> , wheat)	pI Range: e.g. 3-10() 4-7 () Other (specify) _____
Purity of sample:	Staining method required (e.g. Colloidal; Coomassie; Silver; Sypro)

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

Consult 1st BASE for latest price information.

Service 004 - 2-Dimensional gel electrophoresis	Price
including 1st, 2nd dimension gels and staining (silver/Coomassie)	<i>Enquire</i>
Image analysis and spot recognition (Client gels) by Progenesis Same Spots	
Pattern comparison: gel replicates merged to prepare master gels, which are compared in pairwise sets	

Lab use only:

Received (Prep):		Special considerations:	
Processed/Operator:		Report reference:	
QC No.		Checked:	
Batch			

For each sample please provide the following information if known:

No.	Sample number /identification	Amount of sample (mg/number cells):	PI number: (Lab use only)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

(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.
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.

Authorised Signature _____ **Date:** _____