

Antibody Array Assay Service Sample Submission Form

Customer Information

Company Name:	
Contact Name:	
Phone:	
Email:	

Sample Information

Number of Samples:	
Sample Format: (cells, tissues, lysates, etc.)	
If sending lysates, please specify the lysis buffer used:	
Sample Identification:	Please provide the information on page 2

Analysis

Array(s) to be used:	
Scope of Analysis:	<ul style="list-style-type: none"> • Protein Extraction and labeling • Assay condition optimization • Conjugation of Biotin Labeled Protein to Antibody Array • Detection using dye-Streptavidin • Scan the arrays on microarray scanners • Data acquisition • Data analysis (Data provided in Excel format; statistical analysis not included)

All samples submitted were not originated from sources involving infectious diseases and did not involve any infectious inoculation. I hereby certify that all the information provided in this form is correct and accurate.

Name of the person completing this form: _____

Signature: _____ Date: _____

Be sure to send this form with your samples

Sample Identification

<u>Sample ID</u>	<u>Sample Type</u> (cells/tissues, species/type, etc.)	<u>Sample Quantity</u> (number of cells, weight of tissues, lysate concentration)	<u>Is this a control sample?</u>

How would you like the assay data compared? (e.g. Sample 1 vs. Sample 2; Sample 3 vs. Sample 4)

<u>Control Sample</u>	<u>Treated Sample</u>