**Submission Form for Antibody Array Scanning & Analysis**

**Customer Information**

|  |  |
| --- | --- |
| Company Name: |  |
| Contact Name: |  |
| Phone: |  |
| Email: |  |

**Slide Information**

|  |  |
| --- | --- |
| Number of Slides Submitted: |  |
| Array Name/Description(e.g., AKT Antibody Array) |  |

**Service Ordered**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Array Scanning Only  |  | Image Analysis |
|  | (Free of Charge) |  | Please attach a purchase order or call 408.737.2875 to place a credit card order.  |

For Image Analysis service, please indicate how you wish to have the assay data compared? (e.g. Slide 1 vs. Slide 2; Slide 3 vs. Slide 4)

|  |  |
| --- | --- |
| **Control Sample** | **Treated Sample**  |
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|  |  |
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Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*All array slides submitted were not used on 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_