**Antibody Array Assay Service**

**Sample Submission Form**

**Customer Information**

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| --- | --- | --- |
| Company Name: |  | |
| Contact Name: |  | |
| Phone: |  | |
| Email: |  | |
| Payment Method: | Purchase Order Number: |  |
|  | Credit Card – Call 408-737-2875 to provide credit card information. | |
|  | Prepayment | |

**Sample Information**

|  |  |  |
| --- | --- | --- |
| Number of Samples: |  | |
| Sample Type:  (e.g. human breast cancer cells, mouse brain tissues) |  | |
| Sample Format: | Cell Pellet  Frozen Tissues  Serum/Plasma | Cell Lysate  Tissue Lysate  Culture Media |
| Lysis Buffer Components: |  | |
| Additional information: |  | |
| All sample information collected here will be used solely for antibody array assay optimization and will be kept confidential. | | |

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| --- | --- |
| **Array(s) to be used:** |  |

*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: |  |

*Continue on next page***Sample Identification**

|  |  |
| --- | --- |
| **Sample ID** | **Sample Quantity**  (number of cells, weight of tissues, lysate concentration) |
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How would you like the assay data compared? (e.g. Sample 1 vs. Sample 2; Sample 3 vs. Sample 4)

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| --- | --- |
| **Untreated Sample** | **Treated Sample** |
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| Additional Comments: |  |
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**\*Be sure to send this form with your samples\***