**Antibody Array Assay Service**

**Sample Submission Form**

**Customer Information**

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| **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\***