

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
(Free of Charge)

☐

Image Analysis

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

Additional Comments: _____

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: _____