

Antibody Array Assay Service – Sample Submission Form

Customer Information

Company Name: _____

Contact Name: _____

Phone: _____

Email: _____

Payment Method: ☐ Purchase Order – PO#: _____
☐ Credit Card - Please call 408.737.2875 to provide card information.
☐ Prepayment

Sample Information

Number of Samples: _____	
Sample Information: (All sample information collected here will be kept confidential and used solely for antibody array assay preparation and optimization.)	Cell type (e.g. human breast cancer cells): _____ <input type="checkbox"/> Cell pellets. If microbeads or nanobeads were used for cell isolation, provide details on the beads: _____ <input type="checkbox"/> Cell lysate. Please provide lysis buffer components: _____ Tissue type (e.g. mouse heart tissue): _____ <input type="checkbox"/> Frozen tissues <input type="checkbox"/> Tissue lysate. Please provide lysis buffer components: _____ <input type="checkbox"/> Serum/Plasma/Culture Media Other sample type: _____
Sample Identification:	Please provide the information on page 2

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

<u>Sample ID</u>	<u>Sample Quantity</u> (number of cells, weight of tissues, lysate concentration)

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

Untreated Sample	Treated Sample

Additional Comments: _____

Include this form in the shipping container when sending your samples