



ORDER FORM I - Protein Services

SECTION I. SAMPLE INFORMATION

Please complete details for every sample to be submitted. Use extra copies of this form if necessary.

SAMPLE ID/NAME	
NATURE OF SAMPLE <input type="checkbox"/> Gel band <input type="checkbox"/> Pure sample <input type="checkbox"/> Protein lysate <input type="checkbox"/> Others: _____ <input type="checkbox"/> Crude extract	BUFFER/SOLVENT COMPOSITION OF SAMPLE (if applicable)
STAINING METHOD (if appropriate)	SAMPLE CONCENTRATION
SAMPLE VOLUME	SAMPLE WEIGHT
SOURCE ORGANISM	Expected pI
ANY TREATMENTS PRESENT IN THE SAMPLE (e.g. acetone, sucrose, precipitation, etc.)	DEGREE OF PURITY



<p>RISK ASSESSMENT (Check all that apply.)</p> <p><input type="checkbox"/> Explosive under heat, shock, or pressure</p> <p><input type="checkbox"/> Reactive in contact with metal/others (specify) _____</p> <p><input type="checkbox"/> Toxic</p> <p><input type="checkbox"/> Carcinogenic/Mutagenic</p> <p><input type="checkbox"/> Flammable</p> <p><input type="checkbox"/> Corrosive</p> <p><input type="checkbox"/> Harmful if inhaled</p> <p><input type="checkbox"/> Skin and/or eye irritant</p> <p>BIOSAFETY LEVEL REQUIREMENT: _____</p>	<p>STORAGE CONDITIONS:</p> <p><input type="checkbox"/> Room temp</p> <p><input type="checkbox"/> Room temp with aluminum foil cover</p> <p><input type="checkbox"/> 4°C refrigerator</p> <p><input type="checkbox"/> Ultra Low freezer</p> <p><input type="checkbox"/> Others: _____</p>
---	---

TO BE FILLED OUT BY PPMF LAB PERSONNEL			
Received by:		Client ID No.:	
Signature:		REMARKS:	
Date:			



SECTION II. SAMPLE LIST

Please fill out this table for all the samples to be submitted.

No.	SAMPLE DETAILS	TYPE OF SERVICE (Refer to Section III)	FOR LAB USE		
	Sample ID/Name		Expt. Ref. no.	Checked by.	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(Please append extra table if necessary)

Comments:



SECTION III. SERVICES

Please write the services to be availed in Section II. For LC-MS Services, refer to Order Form II - LC-MS Services. Figures shown are prices as of Feb 29, 2021. Please consult the PPMF website for updated prices.

Please read the following sample submission conditions and affix your signature below to show your consent:

1. I have read and understood the Proteomics Analysis Price List and agree to the charges and to the Terms and conditions of the facility
2. **Hazards** – I declare that the sample(s) are non-harmful, non-pathogenic, and non-radioactive
3. I have completed all the pages of this order form with details of each sample submitted for analysis
4. For undergraduate students, please ensure your principal investigator signs this form

Note: Please be aware that samples may be destroyed or consumed in certain analytical processes and may not be returned to the client/s.

Authorized Signature: _____ **Date:** _____