Multiplex Analysis Using Bio-Plex/Luminex System Service Request Form

Send Samples To	Contact Details
Bio-Plex/Luminex: Multiplex Analysis	**Bio-Plex/Luminex: Multiplex Analysis**
Australian Proteome Analysis Facility	Ph: + 61 2 9850 6201
Level 4, Building F7B, Research Park Drive	Fax: +61 2 9850 6200
Macquarie University	Email: apafinfo@proteome.org.au
Sydney NSW 2109 AUSTRALIA	Website: www.proteome.org.au

Customer Details

Contact Name: _____
Phone: _____
Fax: _____
Email: _____
Principal Investigator: _____

Organisation: _____
Billing Address: _____
_____
_____
Purchase Order Number: _____

Sample Details

Sample Name: _____
Sample filtered through a 0.22 µm filter? __Y_____N
Multiplex analysis kit supplied? _____ Y_____N____
Number of proteins to be analyzed: _____
Number of samples: _____
Number of replication per sample:___1____2____ 3

Number of plates to be analyzed: _____
Amount of each sample supplied: _____
Are there any potential pathogens in the sample?
_____
Any special comment?
_____

Service Details

Cost – Customer uses the instrument by themselves: $150 per hour (additional $150 per day will be charged for instrument access fees).
Cost – An APAF staff does the assay: $800 per pate (using EpMotion robotic system).
Cost – Spin filter: $2.50 per filter (requires 1 filter for 1 sample).
Client can supply the kit together with the samples or APAF can purchase a kit for a client and send invoices together with the assay cost.

Total cost = cost for a kit, hourly rate and daily access fess OR per plate assay cost (APAF does the assay) plus filter cost: ----------
Prices quote are exclusive of GST (applicable only to samples originating within Australia).

Samples are placed in a queue on receipt with the completed form. For other services and urgent samples, please contact us via e-mail (apafinfo@proteome.org.au). Reports will be sent in electronic format as Excel files.

Declaration

I have read the terms and conditions of APAF services (available in the website). I agree to the charges listed above and I have prepared the sample(s) according to APAF's guidelines (available in the website). I also agree that APAF will be notified of all publications containing the results from this work. These publications will acknowledge the contribution of APAF with the words *"This work was undertaken at APAF the infrastructure provided by the Australian Government through the National Collaborative Research Infrastructure Strategy (NCRIS)."*

_____ _____ ____ / ____ / _____
Print Name **Signature** **Date**

Payment Details

We would appreciate prior payment for any analysis cost under $AU 2,000. Please provide credit card details:
□ Visa □ Mastercard □ Bankcard number ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Expiry ___ / ___ Name on the Card: _____ Signature: _____

For the cost over $AU 2,000 payment must be received within 14 days of receipt of invoice.
APAF Office Use Only. Sample receiving date: _____ Project Code: _____ Responsible by: _____ File Name: _____ Date of Completion: _____

APAF – Australia's premier proteomics provider since 1995
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