# GEL ELECTROPHORESIS
# Service Request Form

**Send samples to: 2D Gel Electrophoresis,** Australian Proteome Analysis Facility, Level 4, Building F7B, Research Park Drive, Macquarie University, Sydney NSW 2109 AUSTRALIA

## Customer Details

Contact Name: _____ Organisation: _____

Phone: _____ Billing Address: _____

Fax: _____ _____

Email: _____ _____

Principal Investigator: _____ Purchase Order Number: _____

## Sample Details

Sample Name: _____ Is there any potential pathogen in the sample? **Y N**

Sample format (Please select): solid / liquid Any special comment?

Quantity of protein/sample (mg): _____ Type of PAGE required: □ 1-D □ 2-D □ Western analysis

Number of samples: _____ □ Total protein stain (Coomassie/Silver/Fluorescent staining)

Number of replication per sample:___1____2____ 3 *Note: Client will have to provide primary antibody for Western analysis*

## Service Details

| Services[+] | Fee ($Au)* | Number | Cost (Au) |
|---|---|---|---|
| Sample preparation | $150 for the 1st and $50 each for the following samples | | $ |
| 1D Gel (up to 18 lanes) | $150 fluorescent stained; $90 Coomassie stained | | $ |
| 2D Gel (up to 11cm) | $180 fluorescent stained; $120 Coomassie stained | | $ |
| 2D Gel (17 or 18 cm) | $350 fluorescent stained; $200 Coomassie stained | | $ |
| 2D Gel 24 cm | $400 fluorescent stained; $250 Coomassie stained | | $ |
| Western analysis: 1-D gel | $325/blot (without primary antibody cost) | | $ |
| Western analysis: 2-D gel (11 cm) | $360/blot (without primary antibody cost) | | $ |
| Western analysis: 2-D gel (18 cm) | $450/blot (without primary antibody cost) | | $ |
| Image analysis | $150/h | | $ |
| Other services not listed above | Upon application | | |
| | **TOTAL COST (without GST)** | | $ |

* Prices quote are exclusive of GST (applicable only to samples originating within Australia).

[+]We endeavour to provide the best quality service within the constraints of the sample provided. However, due to the nature of 2-D PAGE, the success of the run is not apparent until the process is completed. **Please note that fees are payable regardless of the results obtained**. Samples are placed in a queue on receipt with the completed form. Reports will be sent in electronic format (PDF or Word 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: _____

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**Australian Proteome Analysis Facility**

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