# PROTEOMICS ANALYSIS
## REQUEST FORM

| Send Samples To | Contact Details |
|---|---|
| Australian Proteome Analysis Facility<br>Level 4, Building F7B, Research Park Drive<br>Macquarie University<br>Sydney, NSW 2109 | Ph: + 61 2 9850 6201<br>Fax: +61 2 9850 6200<br>Email: apafinfo@proteome.org.au<br>Website: www.proteome.org.au |

### Customer Details

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

Principal Investigator: _____

Organisation: _____

Billing Address: _____

_____

_____

Purchase Order Number: _____

### Sample Details

Please attach a separate sheet with details of all samples if you are submitting more than one sample.

Sample Name: _____

Sample format: (please select) solid / liquid / PVDF / gel

Species: _____

Approximate MW: _____

Quantity of _____ µg.

Estimated purity (%): _____

Method of purification: _____

If the sample is a liquid, please state buffer and salt concentrations: _____

Special handling of sample: _____

_____

_____

Reason for Amino Acid Analysis:

☐ AA Composition ☐ Protein Quantitation

### Service Details

Nature of Service Required:

_____

_____

_____

_____

_____

_____

☐ Discussed with APAF Staff Member

Staff Name : _____

Nature of Discussion : _____

_____

_____

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 PDF files.
I agree to the charges listed above and I have prepared the sample(s) according to APAF's guidelines (available upon request).
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 research has been facilitated by access to the Australian Proteome Analysis Facility established under the Australian Government's Major National Research Facilities program"*.

| _____ | _____ | ____ / ____ / _____ |
|---|---|---|
| Print Name | Sign Name | Date |

### Payment Details

We would appreciate prior payment for samples under $2,000. Please provide credit card details:

☐ Visa ☐ Mastercard ☐ Bankcard __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiry ___ / ___ Name on the Card: _____ Signature: _____

For samples over $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 _____