Midwest Bio Services

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For MBS use only

Project # _____
Operator _____

Protein Identification in Gel Slices
Sample Submission Form

Date _____

Investigator Information	Billing Information
Contact Name_____	Purchase Order Number_____
E-mail address _____	Credit Card Number _____
Phone _____	Expiration Date _____
Organization_____	Billing Contact Name _____
Department_____	Phone _____
Address_____	Billing Address _____
City, State, Zip_____	City, State, Zip_____

	Sample Name or #	Source organism (plus host organism for recombinant proteins)	Approx. Protein Amount	Approx. Acrylamide Conc.	Type of Stain	Quoted Price per Sample
Total # samples:					Total price:	

The samples do not contain radioactive material.
Signature of the investigator_____

This Sample Submission Form should be included with the shipment of your sample. Keep a copy for your records. When submitting gel slices please include a gel image and indicate the spots/bands that are being sent for analysis. Full disclosure of the procedures used to prepare the samples is required in the preliminary consultation. Gel slices should be shipped in 1.5 ml non-lubricated Eppendorf tubes. Leftover samples will be discarded 4 weeks after analysis unless sample return is prearranged. The final analytical report will be sent via email in MS Excel format.

Technical Support: 913 - 522 -7611 Fax 913 - 661- 4700 info@midwestbioservices.com