Midwest Bio Services

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For MBS use only

Project # _____
Operator _____

Protein Identification in Solution
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 Conc.	Buffer Composition	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. Prior to submitting a sample in solution, please run 1/10 to 1/2 of the sample on SDS-PAGE, stain with Coomassie and include the image of the gel with the sample. Full disclosure of the procedures used to prepare the samples is required in the preliminary consultation.
Protein solutions should be shipped in 1.5 ml non-lubricated Eppendorf tubes on dry ice. 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