

	ORDERING FORM			
	SERVEI DE PROTEÒMICA			

USER DATA

Name				
Department		Center/Organization		
Address				
E-mail		Fax		Telephone
Investigator in charge/ Coordinator				

RESULTS

Delivery	E-mail <input type="checkbox"/>	Regular mail <input type="checkbox"/>	At the proteomics facility <input type="checkbox"/>
----------	---------------------------------	---------------------------------------	---

REQUESTED SERVICES

Sample name			
Type of fee	<input type="checkbox"/> Molecular mass	<input type="checkbox"/> Fingerprinting	<input type="checkbox"/> Peptide sequencing

Sample		Staining		
<input type="checkbox"/> Gel	<input type="checkbox"/> SDS-PAGE	<input type="checkbox"/> Coomassie	<input type="checkbox"/> Silver	<input type="checkbox"/> Other
	<input type="checkbox"/> 2D-PAGE	Post-translational modifications		
	% acrylamide			
<input type="checkbox"/> In solution	Concentration:			
	Solvent:	Species		
Additional treatment	<input type="checkbox"/> Desalting	<input type="checkbox"/> Spectrum interpretation		

FOR INTERNAL USE

Type of fare	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
--------------	-----------------------------------	-----------------------------------	-----------------------------------

Date of reception		Date of delivery	
Reception number		Date of invoice	
Number of samples			
Service		Total amount (euros)	

COMMENTS

(Indicate any additional information if needed and report the shipping method)

INVOICING DATA*

Investigator in charge		NIF	
Center/Organization		Project number	
Address		Tel/Fax	

*Only first time