



PROTEOMICS SERVICE FACILITY

ORDERING FORM

USER DATA

Name and surname			
Department			
Center / Organization			
Address			
City		Zip code	
Telephone		Fax	E-mail:

INVOICING DATA

Investigator in charge /Coordinator			
Type of fee	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

REQUESTED SERVICES

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

Sample (Seleccione lo que proceda, completando los datos requeridos)	
<input type="checkbox"/> Gel (Attach an image)	<input type="checkbox"/> SDS PAGE
	<input type="checkbox"/> 2D-PAGE
<input type="checkbox"/> In solution	Concentration (pmol/μl - μgr/μl):
	Solvent:

Staining	
<input type="checkbox"/> Silver	<input type="checkbox"/> Fluorocromos
<input type="checkbox"/> Coomassie Blue	<input type="checkbox"/> Otros: _____
Post-translational Modifications	

Taxonomy	
Previous entries in databases (Access number)	

Molecular mass	
Isoelectric point	

RESULTS

Delivery	<input type="checkbox"/> E-mail	<input type="checkbox"/> Postal mail	<input type="checkbox"/> At the Proteomics Facility
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FOR INTERNAL USE ONLY

Date of reception		Date of delivery	
Number of reception		Delivery number	
Number of samples			
Total amount, Euro			

Date and Investigator in charge/Coordinator's signature