

## Order form for electrophoresis

### Customer address:

Company/Institute	<input type="text"/>	Contact	<input type="text"/>
Department	<input type="text"/>	Phone	<input type="text"/>
Street	<input type="text"/>	Fax	<input type="text"/>
Zip and city	<input type="text"/>	Country	<input type="text"/>
E-mail	<input type="text"/>	Language	<input type="text"/>

### Billing address (if different):

Street	<input type="text"/>	Shipping date	<input type="text"/>
Zip and city	<input type="text"/>	Your order no.	<input type="text"/>
Country	<input type="text"/>	Your signature:	<input type="text"/>

### Sample information:

Number of samples

Sample name(s):   external sheet attached

State:  cell pellet     in solution     tissue  
 lyophilisate     other

Storage condition:  + 4°C     - 20°C     - 80°C     room temperature

Sample details:  
- protein amount, concentration, buffer, dilution, etc.  
- modifications e.g. reduction, alkylation (with?)  
- pl, MW of main component

Species:  Homo sapiens     Mus musculus     other

Hazard class:  infectious (e.g. patient material)     carcino-, terato-, or mutagenic     cytotoxic or hormone  
If other, please specify:

**Please note, we don't process radioactive samples!**

S1 Material  no     yes    If yes, please provide with sequence information of the relevant GVO

