

Mass Spectrometry Service

Please include the completed form with your samples. **Orders are final after submission.**

* All required fields must be filled out before orders can be processed.

Customer Information

Your reference or order number: _____

*Your mailing address:

Name (first name, family name)	
Institution/Company	
Department	
Address (street, block number)	
Postal zip code	
City	
Country/State	
VAT number ¹⁾	

¹⁾For orders from European Union member states please specify the VAT identification number of your institution.

*Deviating invoice address (please skip if mailing and invoice address are identical):

Institution/Company	
Department	
Address (street, block number)	
Post box (if required)	
Postal zip code	
City	
Country/State	

*SRD will send the results to the following Email address. If questions arise please provide phone number:

Email address	
Phone number	

Please turn page to complete billing information and sample information.

Billing Information

*Specify your type of payment (check the corresponding field):

Bank Transfer (if you pay via Bank Transfer 15 EURO administration fee becomes applicable)

After you received the results we will send you an invoice providing you with additional information.

Credit Card (if you pay via Credit Card NO administration fee becomes applicable)

VISA

Master Card

American Express

Cardholder name (in capitals)	
Card no.	
CVV1/CVV2 (security code)	
Expiration date	

Date: _____ Signature: _____

*If you do not want to specify your Credit Card data on this form please provide the following information:

Contact person	
Phone number	
Email address	

Sample Information

*Number of samples for Protein ID by MALDI-TOF/TOF: _____

Please name your samples according to the first two letters of your first name and your family name and number them serially. Clearly indicate the sample name on the tube (example: John Sample = JoSa-1, JoSa-2, etc.).

*Other specifications:

Sample species: Human Mouse Plant Bacteria

Others _____

Staining solution: Coomassie Silver Sypro ruby

Others _____

We will not process samples containing biohazard material. With your signature you declare that your samples do NOT contain any biohazard material or radioisotopes or that you have completely deactivated the biohazard material using the appropriate procedure.

I confirm this order and accept that SRD assumes no liability for samples being crushed or lost during shipment.

PRINT NAME

SIGNATURE