

Protein Services Request Form for Users Outside University of Illinois

(Form must be filled out completely)

User Information:

Institution Name, Department and Address:		
User Name:		P.I./Faculty Name:
Phone No.:	Fax No.:	e-mail.:
Account Information (PO or Credit Card Information must be provided)		PO#
Credit Card Information: Type of Card (circle) Visa MasterCard		
Name on Card:	Credit Card #:	Exp.
Address to send Receipts/Invoices:		

Sample Information: Check box to have unused sample returned, please provide FedEx# _____

Name	Concentration	Submitted as (PVDF, Gel, Liquid, Solid)

Attach separate list if needed

Services: (please check services desired and circle options)

<input type="checkbox"/> SDS-Page Electrophoresis: 13X9cm Custom (inquire)		
<input type="checkbox"/> 2-D Electrophoresis		
IPG drystrip (1 ST Dimension)	Length: 11cm 24cm	pH ranges: 3-10 4-7 Other (inquire)
2 nd Dimension	Gels: 10%	12.5% Custom (inquire)
<input type="checkbox"/> Staining: Coomassie R-250 Sypro Ruby		
<input type="checkbox"/> Imaging: Preferred File Delivery: FTP CD (\$1) Customer provided USB drive		
<input type="checkbox"/> Electroblotting on PVDF Membrane		
<input type="checkbox"/> Trypsin Digestion: In-gel Solution (Other enzymes, inquire)		
<input type="checkbox"/> HPLC: Analytical Preparative (Purification/Fraction Collection)		
<input type="checkbox"/> FPLC: Mono-Q 5/5 Mono-S 5/5 Please indicate buffer choice _____		
<input type="checkbox"/> Lyophilization (maximum volume 200ml)		
<input type="checkbox"/> Edman N-terminal Sequencing , number of cycles (5 minimum):		
Mass Spectrometry		
<input type="checkbox"/> Intact Protein or Peptide: MALDI ESI Expected mass _____		
<input type="checkbox"/> Mass Fingerprinting MW and pI _____ Organism _____		
<input type="checkbox"/> LC/MS: MW and pI _____ Organism _____		

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Agreement: The materials and/or services (Material) are provided to the Recipient Investigator (Recipient) by the University of Illinois (Illinois) for use by the Recipient in Recipient's laboratory for research purposes and not for Human Subjects, including diagnostic testing. Recipient must be fully compliant with U.S. Federal Animal and Human Subjects regulations, policies, and procedures in all aspects related to Material. Illinois makes no representations or warranties, express or implied, regarding its performance under this agreement. Illinois disclaims any warranty of merchantability, use or fitness for a particular purpose, and non-infringement of intellectual property rights with regard to the Material. Illinois shall not be liable to Recipient for indirect, special, consequential, punitive, incidental or other damages (including lost revenue, profits, use, of data or other economic loss or damage) however caused and regardless of theory of liability arising from or related to the Recipient's use of the Material, even if Illinois was advised of the possibility of such damage. Recipient will hold Illinois and its trustees, officers, employees and agents harmless from all liability, including costs, damages, and expenses, including attorney fees, arising from any claims or demands asserted by third parties in connection Recipient's use of the Material. This Agreement will be governed by and construed in accordance with the laws of the State of Illinois, U.S.A., without reference to its conflict of law provisions. All samples (cells, fluid, DNA, RNA, protein, peptide, chemicals, or other) furnished by Recipient to Illinois must not pose a biohazard or safety risk and be categorized at not greater than Biological Safety Level 1.

I agree and abide to this Agreement for Material (materials and/or services) from the University of Illinois

Signature

Printed Name

Institution

Date