



**ANALYSIS SERVICE
ORDERFORM**

Contact information:

Company / Institute :

Department :

Name :

Address :

Zip code :

City :

Country :

Telephone :

Fax :

E-mail :

Billing information (if different from contact information):

Company / Institute :

Department :

Name :

Address :

Zip code :

City :

Country :

Telephone :

Fax :

E-mail :

VAT / TVA / BTW number :

Sample / analysis information:

Your order number :

Number of samples :

Sample type : Solid Liquid

Do the samples contain pathogenic agents? Yes ^a No

Do the samples contain radioactive compounds? Yes ^a No

^a **Before sending in samples please contact us first.**



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(continued)

Sample preparation / analysis:

Sample ID / sample number	Protein content [%] ^c	Requested sample preparation / analysis according to current item list ^b																		
		1	2	3	4 ^d	5	6	7	8 ^e	9	10 ^e	11	12	13	14	15	16	17	18 ^e	19 ^e

- ^b For each sample please tick off all items required.
- ^c In case of hydrolysis please supply an approximate protein content (eg 10 - 15 % m/m) to shorten turn around times.
- ^d If the sample material is significantly enriched with free Tryprophan, Cyst(e)ine and/or Methionine please specify amino acid(s) and approximate amount(s) :
- ^e Please specify compounds :

Results type : Quantification (absolute values) Composition (relative values)

In case of quantification results please specify the units required (eg mg/kg) :

In case of composition results please specify the units required (eg M/100M), or if you wish to have the relative composition calculated with regard to a specific residue, please specify the residue and the number of its occurrence in the sequence :

Additional information :

Date and signature :