

Date: _____
Name: _____ Organization: _____
Telephone Number: _____ Fax Number: _____
Billing Address: _____
City: _____ State: _____ Zip: _____

Sample Name(s): _____ PO# (if applicable): _____

Analysis requested:

- | | |
|--|---|
| <input type="radio"/> N-linked Oligosaccharide Profiling | <input type="radio"/> Tryptic Peptide Mapping |
| <input type="radio"/> O-linked Oligosaccharide Profiling | <input type="radio"/> GlycoPeptide Mapping |
| <input type="radio"/> N and O-linked Oligosaccharide Profiling | <input type="radio"/> Size-Exclusion Chromatography |
| <input type="radio"/> Sialic Acid Analysis | <input type="radio"/> Reversed-Phase Chromatography |
| <input type="radio"/> Neutral Monosaccharide Analysis | <input type="radio"/> SDS-PAGE |
| <input type="radio"/> Amino Acid Analysis | <input type="radio"/> IEF |
| | <input type="radio"/> Other _____ |

Sample buffer (molarity and pH): _____

Concentration and volume of sample(s): _____

Molecular weight of the peptide backbone (required for sialic acid and monosaccharide analysis):

Storage Requirements (before analysis for up to 1 week):

- Ambient 2-8°C ≤ -10°C ≤ -70°C

Storage Requirements (after analysis):

- Ambient 2-8°C ≤ -10°C ≤ -70°C

May we discard the remaining sample after the testing is complete? Yes No

Level of Compliance: R&D GLP GMP

Are there any hazards (hazardous chemicals or infectious materials) associated with this sample?

- Yes No (If any hazardous chemicals are present, please include an MSDS.)

SIGNATURE: _____ DATE: _____

For GLYCO*Solutions* use only:

Date and Time Sample Received: _____

Sample Submission Form faxed back: