

CONFIDENTIAL & PRIVILEGED INFORMATION**

PRIMARY CONTACT (PC)/PRINCIPAL INVESTIGATOR (PI):

Name:

Address:

Email:

Phone:

Fax:

SECONDARY CONTACT INFORMATION:

Name:

Email:

Phone:

Fax:

BILLING INFORMATION (IF DIFFERENT FROM PC/PI):

Name:

Address:

Email:

Phone/Fax:

1. PROJECT TITLE:

2. PROJECT SUMMARY:
(To help us understand your project goals and be able to help you succeed, please include the objective of the study, and ultimate goals). For Targeted genomics and proteomics please also list the gene/protein accession numbers. **PLEASE DO NOT EXCEED THE SPACE PROVIDED**

INSTRUCTIONS: SELECT THE APPROPRIATE BOX TO INDICATE YOUR CHOICE. A SELECTED BOX MEANS "YES" & A BOX LEFT BLANK MEANS "NO"

3. ANALYTICAL SERVICE(S) REQUIRED

PROTEOMICS (Qualitative/Quantitative):
 LC/MS/MS iTRAQ TMT Label Free Quantitation 2D-DIGE 2D-DIGE-MS MudPIT
 Host Cell Protein Analysis Robotic Spot Picking Robotic In-Gel Digestion Other: _____

POST TRANSLATIONAL MODIFICATION MAPPING:
 Acetylation Glycosylation Phosphorylation Ubiquitination Other: _____

DNA ANALYSIS/GENOMICS
 Paternity test Human identification Gene expression analysis

OTHER SERVICES:
 2D-Western Protein Purity Assessment Luminex-xMAP Affymetrix/Panomic-QuantiGene
 Agilent-Bioanalyzer Other: _____

4. SOURCE OF SAMPLE	<input type="checkbox"/> HUMAN <input type="checkbox"/> RAT <input type="checkbox"/> MOUSE <input type="checkbox"/> RABBIT <input type="checkbox"/> PLANT <input type="checkbox"/> OTHER (EXPLAIN) _____		
5. SAMPLE TYPE	<input type="checkbox"/> SERUM <input type="checkbox"/> PLASMA <input type="checkbox"/> TISSUE <input type="checkbox"/> CELL PELLETT <input type="checkbox"/> HPLC FRACTION <input type="checkbox"/> GEL PLUG/GEL BAND <input type="checkbox"/> COOMASSIE STAINED <input type="checkbox"/> SILVER STAINED <input type="checkbox"/> MEMBRANE SECTION <input type="checkbox"/> OTHER (EXPLAIN): _____		
6. PRESENCE OF TOXIC OR INFECTIOUS AGENT	SAMPLE CONTAINS TOXIC AGENT <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN BELOW)	SAMPLE CONTAINS INFECTIOUS AGENT <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN BELOW)	
	7. EXPECTED SAMPLE SUBMISSION DATE	8. # OF SAMPLES:	
9. ANY OTHER INFORMATION			
10. PERSON COMPLETING FORM	NAME _____	SIGN: _____	DATE: _____
11. HOW DID YOU HEAR ABOUT US?	<input type="checkbox"/> Search Engine <input type="checkbox"/> Email Advertisement <input type="checkbox"/> Contacted by ITSIBIO <input type="checkbox"/> Colleague <input type="checkbox"/> ITSIBIO Newsletter <input type="checkbox"/> Flyer at a Conference <input type="checkbox"/> Other (Explain): _____		

NOTE:

1. YOU ARE UNDER NO OBLIGATION TO CARRYOUT OUT THE PROJECT BY COMPLETING THIS FORM.
2. COMPLETE ALL SECTIONS, SIGN AND RETURN BY EMAIL OR FAX.
3. THE INFORMATION PROVIDED WILL BE USED TO DEVELOP AN INITIAL PROJECT PROPOSAL (IPP) WHICH DESCRIBES THE STATEMENT-OF-WORK, TIME LINE AND BUDGET.
4. SAMPLES MAY NOT BE SHIPPED UNTIL THE IPP HAS BEEN RECEIVED, ACCEPTED AND SIGNED.

DESCRIBE TOXIC AGENT:

DESCRIBE INFECTIOUS AGENT:

***PURPOSE:** The Project Summary/Sample Submission Form will enable ITSIBIO; 1) fully understand the project aim, objective and goals, 2) prepare a proposal that describes the proposed method/technology that will be used, 3) estimate timeline and 4) estimate the budget.

****CONFIDENTIAL INFORMATION:** Although all information submitted to ITSIBIO is automatically protected by Company's Confidential and Non-Disclosure Policy, **we recommend that you do not include confidential information at this stage unless a formal Confidential & Non Disclosure Agreement has been signed.**

Please return the completed form by Email to project2@itsibio.com or Fax it to +1-814-262-7334.