

Serial No.

(For office use only)

Date

D | D

M | M

Y | Y | Y | Y

PROTEOMICS REQUISITION FORM

FPLC

CLIENT INFORMATION

Name			
First Name (Surname)	Middle Name (Given name)	Last Name	
Name of the Institute			
Department		Phone No.	
Address	City		
State	Pin	Mobile	
Email ID			

COLUMN

SCX SAX HIB SE

SAMPLE INFORMATION	<input type="checkbox"/> Cone.:	<input type="checkbox"/> Molecular weight:
	<input type="checkbox"/> Solubility:	<input type="checkbox"/> Column temp:
	<input type="checkbox"/> Buffer:	<input type="checkbox"/> Source of the sample
	<input type="checkbox"/> Method	

SAMPLE DATA

S.No.	Sample ID	Sample Type	QC Status	conc/ μ l/volume

Signature of the
Wet lab supervisor

Signature of the
Group Head