

Array Technology Service Request Form

Macquarie University trading as Australian Proteome Analysis Facility ("APAF")
ABN: 90 952 801 237

Send samples to: APAF, Australian Proteome Analysis Facility, Array Technology
Level 4, 4 Wally's Walk, Macquarie University, Sydney NSW 2109
Ph: +61 2 9850 6201 Fax: +61 2 9850 8313
Email: at.apaf@mq.edu.au Website: www.mq.edu.au/research/APAF

The Client whose details appear below requests APAF to provide the Services described in this Form for the payment by the Client of the Fees set out in this Form. The [APAF Terms and Conditions](#) will bind the Client and APAF in relation to the provision of those Services where APAF accepts and agrees to this Request.

Client Details

Client/Company Name ("Client"):

Client ABN (if any):

Client Contact Name:

Client Address:

City: State: Postcode: Country:

Client Contact details: Tel: Email:

Report email distribution:

Quote number if applicable ("Quote"):

Supervisor's name:

Supervisor's contact details: Tel: Email:

Services Required

Purpose of research/experiment:

Services	APAF to purchase kits ⁵	Assay cost (A\$) ^{1,2,5}	Quantity	Fee (A\$) for Service ⁵
ELISA	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$700/plate ³		
Cytokine Array	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$600/4 slides ⁴		
Antibody Array	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$600/4 slides ⁴		
Cytotoxicity Assay	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$600/4 slides ⁴		
Phosphorylation Array	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$600/4 slides ⁴		
Glycan Array	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$600/4 slides ⁴		
Lectin Array	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$600/4 slides ⁴		
Protein Array	<input type="checkbox"/> Yes / <input type="checkbox"/> No	\$600/4 slides ⁴		
Total service fee (GST exclusive) (A\$)				
GST (A\$)				
Total (A\$)				

¹ Please refer to the [Array Technology price list](#). This price **does not** include the kit cost.

² Prices quoted are exclusive of GST (applicable only to Australian clients).

³ Assays are conducted using the epMotion robotic platform for liquid delivery for precision and reproducibility.

⁴ Assay cost covers up to 4 array slides/membranes in one session. If client wishes to do 4 slides/membranes in multiple sessions, assay cost will increase based on the number sessions involved.

⁵ Client may supply the kit or alternatively APAF may purchase the kit in which case the cost of the kit is added to the service fee.

Please contact APAF to discuss the scope of the services and fees before submitting samples.

Samples are placed in a queue upon receipt with the completed form. For other services and urgent samples, please contact us via e-mail (at.apaf@mq.edu.au). Reports will be sent in electronic format as PDF files.

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Sample Details

If you are submitting more than one sample, please email file listing samples and all information to at.apaf@mq.edu.au. Alternatively, attach a separate sheet to this form.

No. of samples: _____ Sample name: _____
Number of analytes to be analysed: _____ Preferred kit supplier/product No: _____
Number of plates/slides to be assayed: _____ Amount of each sample supplied: _____
Is there any pathogen in the sample? ☐ Yes ☐ No
Any special comment? _____

Declaration

In signing this document, the Client acknowledges and confirms that:

1. The Client accepts and agrees to the APAF service fees (and the Quote, if any).
2. **Despite taking all due care and carrying out the Services in accordance with correct procedures and methodologies, occasionally APAF is unable to generate results and usable data from the performance of the Services. The Client will still be liable to pay the service fees to APAF in these circumstances.**
3. Where applicable, the Client has prepared the sample(s) according to the APAF guidelines (available upon request);
4. **The Client has read, accepts and agrees to the [APAF Terms and Conditions](#) which together with the Quote (if any) are incorporated by reference into this Service Request.**
5. A binding contract (comprising this Service Request, the APAF Terms and Conditions and the Quote (if any)) between the Client and APAF will not exist unless and until the Client completes, signs and returns this Service Request to APAF's street address, email address or facsimile number set out at the beginning of this Form and APAF advises the Client in writing (sent to the Client address or email address on this Form) that it agrees to accept this Service Request.

Acknowledgement: It is requested that any publications acknowledge the contribution of APAF staff and include the statement *"Aspects of this research have been facilitated by access to the Australian Proteome Analysis Facility supported under the Australian Government's National Collaborative Research Infrastructure Strategy (NCRIS)"*.

Signed for and on behalf of the Client by:

Name: _____ Signature: _____ Date: _____

Payment Details

Payment method (please select): ☐ Credit card ☐ Purchase order Purchase order #: _____

Australian Proteome Analysis Facility does not accept credit card information via fax or email. If paying by credit card, we will contact you for details to process a credit card payment.

Payment contact: _____
Email address: _____ Tel: _____

APAF Office Use Only

Date of receipt: _____ Temperature on receipt: ☐ Room ☐ Cold/ice pack ☐ Dry ice
Containers: ☐ Intact ☐ Broken Comments: _____
Project No.: _____ Storage location on receipt: _____
Project leader: _____ Sample No. (No. range if more than one): _____

PLEASE CONSIDER THE ENVIRONMENT - IF PRINTING, PLEASE PRINT DOUBLE-SIDED