



REQUEST FORM 2D Gel Electrophoresis

เลขที่ 999 อาคารวิทยาศาสตร์และเทคโนโลยีการแพทย์ คณะเทคนิคการแพทย์ มหาวิทยาลัยมหิดล ถ.พุทธมนต์ทลสาย 4

ตำบลศาลายา อำเภอพุทธมณฑล จังหวัดนครปฐม 73170 โทร. 0-2441-4371 ต่อ 2620 แฟกซ์ 0-2441-4380

www.mt.mahidol.ac.th

Please fill in completely the following information:

Requested by :

Name _____

Address _____

Phone No. _____

Fax No. _____

E-mail _____

Billing Address :

Name _____

Address _____

Phone No. _____ Fax No. _____

E-mail _____

Authorized signature _____

FOR STAFF ONLY

Received No.

Received
Date/Time

Received by

Sample Name	Clean up	Strip size		Staining				Protein Digestion
		7 cm	18 cm	Coomassie Stain	Silver Stain	Sypro Ruby	Cydye DIGE	
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Sample No.

Optional : Please provide information that would be helpful to the project

Sample species : Human Mouse Others _____

Sample type : Cell pellet Protein extract Immunoprecipitation
 Tissue Serum Cerebrospinal fluid Others _____

Sample amount (mg/ml) : _____

Comments :

FOR STAFF ONLY

Image capture
(hour)

Image analysis
(hour)