



<http://www.pclchip.com>

Experimental Design

SolB Chip Service

This form's purpose is to gather information about your SolB Chip Service request specificities, so we fulfill your order request correctly. Thank you for helping us to complete your request efficiently.

Company _____

Position _____ **Name** _____

Phone _____ **Email** _____

Address _____

1) SolB Chip service request purpose:

2) Requested service:

- ① SolB spotting service
- ② SolB spotting + Assay service
- ③ SolB spotting/assay reorder (Previous order #: _____)

3) SolB spotting service experimental design

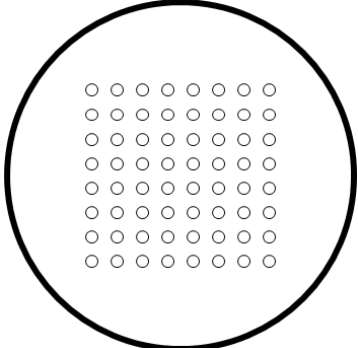
3)-1.Samples immobilized in SolB Chip.

Samples supplied by customer?		(O , X)		Number of samples		
Product	Class	Size	Concentration	Storage	Formulation (Buffer solution)	
1.		kDa	µg/µL			
2.		kDa	µg/µL			
3.		kDa	µg/µL			
4.		kDa	µg/µL			
5.		kDa	µg/µL			
6.		kDa	µg/µL			

3)-1.1. If PCL must purchase samples for immobilization:

Product	Company	Cat #	Information	Additional Remarks

3)-2. SolB assay array design.

Assay Product	Final Concentration (including every dilution factor to test)	Array Design (1 well) (Discuss with Technical support team)
1.		
2.		
3.		
4.		
5.		
6.		

4) SolB assay service experimental design.

Please contact the technical support team (techsupport@pclchip.com) for more detailed information.

4)-1. Information about binding samples.

Product	Class	Provided by customer?	Concentration	Final concentration for assay	Fluorescent dye (nm)	Recommended buffer dilution
			µg/µL			
			µg/µL			
			µg/µL			
			µg/µL			
			µg/µL			
			µg/µL			

4)-2. If you provide assay samples to PCL:

Product	Company	Cat #	Information	Additional Remarks

4)-3. If you want to use fluorescent conjugated secondary antibody in your SolB assay, please mark the primary antibody source (Fluorescent dye: Cy3).

- ① Human ② Mouse ③ Rabbit ④ Goat ⑤ Other ()