

Guidelines for Sample submission

Important:

- 1) Protect your samples from protease activity.
- 2) Please add protease inhibitors (e.g. PMSF, cOmplete, EDTA, Aprotinin) or use denaturing conditions (> 4M GdnHCl or 6 M Urea) and ship your samples ideally on ice or dry ice.
- 3) Avoid high concentration of chemicals and reagents that interfere with MS-Analysis, especially detergents. Please inform us about present detergents!
- **4)** Tolerated concentrations of detergents: <=0.1% SDS, <= 1 % SDC / Rapigest, <= 0.1 % Triton-X / NP40, <= 0.1 % Tween
- 5) Minimum concentration* of sample is 50 ng/μl
- 6) Total amount of protein* at least 5-10 μg.
- 7) Please inactivate potentially infectious samples prior to sending.

*total protein, not target protein

Declaration of biological safety

□ I herewith declare tha	at the submitted samples are biological safety level 1.
The samples are biolosubmission).	ogical safety level (please inform us before sample
Sample information	
Sample name:	
Sample description:	

Host organism:		
□ Common organism		
	Please indicate Name of organism, ATCC Number or Taxon ID (if available)	
☐ Uncommon or modi	ified organism	
Please provide deta	iled information / protein database or genome	
information e. g. pe	r e-mail to info@polyquant.com	
Total protein concentr	ration [μg/μl]:	
Total amount of prote	in [μg]:	
Volume [µl] before dr	ying:	
Labeling (if applicable):		
Sample condition: ☐ ly	ophilized/dried □liquid □gel	
Sample buffer:		
(Please provide 100 -1000 μl o	f your sample buffer as blank) – if available	
Requested analysis:		
Additional information	n for samples used for HCP detection:	
Production organism:		
□ Common organism		
	Please indicate Name of organism, ATCC Number or Taxon ID (if available)	
☐ Uncommon or modi	ified organism	
Please provide deta	iled information / protein database or genome	
information e.g. ne	r e-mail to info@polyquant.com	

	rmation Name	
	Name	
	Name Position	
	Name Position Company/Institute	
For internal use:	Name Position Company/Institute Street Address	
	Name Position Company/Institute Street Address Zip Code	

Please send your samples to the following address:

Telephone/Fax

E-mail

VAT-ID

PolyQuant GmbH Industriestr. 1

93077 Bad Abbach