



APAF Service Request Form

Macquarie University trading as Australian Proteome Analysis Facility (APAF)

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Email: info.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.

SEND SAMPLES TO: APAF, Australian Proteome Analysis Facility
Level 4, 4 Wally's Walk, Macquarie University, Sydney NSW 2109
Attention to: APAF contact person or service group

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: _____

Please refer to the [APAF Service List](#) and contact APAF if guidance is required for services

Services	Fee (A\$ ex. GST)	Quantity	Fee (A\$ ex. GST) for Service
Total service fee (GST exclusive) (A\$)			
GST (A\$)			
Total (A\$)			
APAF Office Use Only		Discount applied (%)	
		Total (\$A incl. discount)	
Reason: <input type="checkbox"/> Academic <input type="checkbox"/> Other:		APAF Signature	
Report format requested: <input type="checkbox"/> Standard <input type="checkbox"/> NATA endorsed (only available for services under the Scope of Accreditation 20344)			

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Sample Details

IMPORTANT: To ensure compliance with biosafety/biosecurity requirements, please indicate any known biosafety risks in the special handling.

If submitting more than one sample, please list sample details in the [APAF Sample Information](#) file and email to the relevant group noted in the APAF Sample Information file.

Notes: (1) Where more than five samples are submitted, a hardcopy sample list will not be accepted without the electronic version also submitted; (2) The APAF Sample Information file is not applicable to data submitted for Bioinformatics services.

No. of samples: _____
Sample name(s): _____
Storage conditions: 4°C -20°C -80°C Ambient
Sample state: Solid Liquid Gel Other: _____
Special handling: _____
Other sample details: _____
(See [APAF Sample Info](#)) _____

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.

To comply with the APAF NCRIS (National Research Infrastructure for Australia) operating grant, it is requested that any publications arising from access to the APAF facility acknowledge the contribution of APAF staff and include the statement: **"This study/project/research used NCRIS-enabled Australian Proteome Analysis Facility (APAF) infrastructure"**

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 (ID & Shelf): _____
Project leader: _____ Number of samples received: _____