# Request for Typhoon Gel Scan Analysis

**Submission Form**

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| Personal Data | |
| Submission date |  |
| IP Name |  |
| User Name |  |
| Company/Institute |  |
| E-Mail/s |  |
| Phone/s |  |
| Project Number |  |

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| Request analysis for Gel Scan | | | | | |
| Date | **Fluorescence** | **Comassie/silver** | **Radioactivity** | **Other** | **Size gels/Number Scans/time** |
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| **Observations** Please include any additional information |
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NOTE: Minimum time to facture 1h

**Please fill in the form and return it by email**. If you any doubts, please contact by email at [molecularinteractions@idibell.cat](mailto:molecularinteractions@idibell.cat) or by telephone +34 93 316 0338 (Sílvia Barceló)