

Customer information

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|--------|--|-----------|--|
| Name | | Institute | |
| E-mail | | Telephone | |
| PO # | | Date | |

Sample information and service(s) request

| Invoice #: | | Sample 1 | Sample 2 | Sample 3 | Sample 4 |
|---------------------------------|--------|-------------------------------------|----------|----------|----------|
| Sample name | | | | | |
| Sample type | | | | | |
| Volume | | | | | |
| Concentration | | | | | |
| | Cat. # | Please check all services you need. | | | |
| Exosome Isolation | S101 | | | | |
| Disease exosome Isolation | S102 | | | | |
| RNA/Protein Extraction | S103 | | | | |
| Exosome fluorescent staining | S104 | | | | |
| Exosome antibody labeling | S105 | | | | |
| Exosome biotin labeling | S106 | | | | |
| Exosome FASC sorting | S107 | | | | |
| NTA (size distribution) | S108 | | | | |
| Electron Microscopy Imaging | S109 | | | | |
| Exosomal Protein Western Blot | S110 | | | | |
| Other service (please describe) | S100 | | | | |

- ❖ Please check all services you need for each sample. Each assay requires exosome amount isolated from 2 mL cell culture medium or 0.2 mL serum / plasma using our PureExo kits.
- ❖ If Western Blot or Exosome staining / labeling are requested, please indicate in detail, i.e. specific markers and / or colors needed for the assay in the box below.

Other requirement

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Please sign: _____ Date: _____

Please send filled form by email to support@101Bio.com or fax to 1-888-871-2390. We will response within 1 business day.