



MagQu Co., Ltd.

3F, No.12, Ln. 538, Zhongzheng Rd., Xindian District, New Taipei City 231, Taiwan

Tel: +886-2-8667-1897 Fax:+886-2-8667-1809

SERVICES APPLICATION FORM

Company/Institute _____
 Customer Name _____
 Phone _____
 E-mail _____

Date (dd/mm/yy)

Quotation No. _____
 Remark _____

Blank marked in red is for internal use of MagQu.

!! Attention !!

sample demand

Please note eppendorf capacity limits to avoid contamination of the sample

n = 1 , sample demand **0.5 ml** up

n = 2 , sample demand **1 ml** up

n = 3 , sample demand **1 ml** up

n = 4 , sample demand **1.5 ml** up

n = 5 , sample demand **2 ml** up

Detection Category

Test Items (n)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Serum | <input type="checkbox"/> α -synuclein | <input type="checkbox"/> p- α -synuclein |
| <input type="checkbox"/> Plasma | <input type="checkbox"/> Tau | <input type="checkbox"/> p-Tau |
| <input type="checkbox"/> Analyze data | <input type="checkbox"/> A β 40 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> A β 42 | |

Sample List

(please fill in, or another sample list)

No.	Sample Name	No.	Sample Name	No.	Sample Name	No.	Sample Name
1		26		51		76	
2		27		52		77	
3		28		53		78	
4		29		54		79	
5		30		55		80	
6		31		56		81	
7		32		57		82	
8		33		58		83	
9		34		59		84	
10		35		60		85	
11		36		61		86	
12		37		62		87	
13		38		63		88	
14		39		64		89	
15		40		65		90	
16		41		66		91	
17		42		67		92	
18		43		68		93	
19		44		69		94	
20		45		70		95	
21		46		71		96	
22		47		72		97	
23		48		73		98	
24		49		74		99	
25		50		75		100	

Application signed / Date _____



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List

NO.	Report file number	Quantity	Provide the date	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Application signed / Date _____