

Submission instructions

Use this fillable form to request independent reference measurements. Complete all applicable fields and send the form to service@suprabindinglab.org. Do not ship samples until written acceptance and shipping instructions are received. Chemical structures and molecular formula are not required.

Submission date (YYYY-MM-DD)

Submitter project / reference number

Number of samples

Requested timing

1. SUBMITTING PERSON AND INSTITUTION

Title

First name

Last name

Institution / organization

Department / research group

Street and building / room

Postal code

City

Country

Email

Telephone

Principal investigator / group leader

PI / group leader email

☐ Send the final report to the submitting person

☐ Also send the report to:

2. MEASUREMENT REQUEST

Project / study title

Requested service (select all that apply)

☐ Method consultation

☐ DBA

☐ ITC

☐ IDA

Expected or preferred binding model

☐ 1:1

☐ Competitive

☐ Multi-site / higher stoichiometry

☐ Unknown / to be determined

Preferred solvent / buffer / matrix

pH

Temperature (°C)

Binding affinity K_a

Scientific question, prior knowledge, or specific reporting requirements

Submission instructions

Provide one block per chemical sample. Typical roles are Host, Guest, and Reporter Dye for IDA measurements. Use a unique sample identifier that also appears on the container label. Attach an additional copy of this page if more than three samples are submitted.

Sample 1

Sample identifier / label		Chemical / common name or internal code			
Role in assay					
☐ Host	☐ Guest	☐ Reporter dye	☐ Other		
Purity (%)	Amount supplied	Physical form		Concentration	Solvent
		☐ Solid	☐ Solution		
Storage / stability					
☐ Room temperature	☐ 2-8 °C	☐ Frozen -20°C	☐ Protect from light	☐ Moisture-sensitive	
Solubility, stock preparation, or special handling notes			Other storage condition / expiry date		

Sample 2

Sample identifier / label		Chemical / common name or internal code			
Role in assay					
☐ Host	☐ Guest	☐ Reporter dye	☐ Other		
Purity (%)	Amount supplied	Physical form		Concentration	Solvent
		☐ Solid	☐ Solution		
Storage / stability					
☐ Room temperature	☐ 2-8 °C	☐ Frozen -20°C	☐ Protect from light	☐ Moisture-sensitive	
Solubility, stock preparation, or special handling notes			Other storage condition / expiry date		

Sample 3

Sample identifier / label		Chemical / common name or internal code			
Role in assay					
☐ Host	☐ Guest	☐ Reporter dye	☐ Other		
Purity (%)	Amount supplied	Physical form		Concentration	Solvent
		☐ Solid	☐ Solution		
Storage / stability					
☐ Room temperature	☐ 2-8 °C	☐ Frozen -20°C	☐ Protect from light	☐ Moisture-sensitive	
Solubility, stock preparation, or special handling notes			Other storage condition / expiry date		

Submission instructions

The submitter is responsible for an accurate hazard assessment under the applicable GHS/CLP classification. Select all relevant hazard categories and identify the affected sample(s). An SDS is required for hazardous samples and whenever the hazard status is uncertain.

3. GHS / CLP SAFETY EVALUATION

Select all that apply. Enter affected sample IDs in the adjacent field.

☐ Not classified as hazardous under GHS/CLP		☐ Hazard classification unknown / not evaluated	
☐ GHS01 - Explosive		☐ GHS02 - Flammable	
☐ GHS03 - Oxidizing		☐ GHS04 - Gas under pressure	
☐ GHS05 - Corrosive		☐ GHS06 - Acute toxicity	
☐ GHS07 - Harmful / irritant		☐ GHS08 - Serious health hazard	
☐ GHS09 - Hazardous to the environment		☐ Other hazard not captured above	

Supporting safety information

☐ SDS attached	☐ No SDS available	☐ SDS not applicable (non-hazardous)	SDS revision date
Hazard statements (H-codes / text) 		Precautionary statements (P-codes / text) 	
Transport information (UN number, class, packing group) 		Incompatibilities, required controls, spill / disposal notes 	

Important

Submission does not constitute acceptance. SupraBindingLab may request clarification, an updated SDS, or modified packaging before issuing shipping instructions.

Submission instructions

Complete the declaration and select one SupraBank permission option. The submitting person must be authorized to provide the samples and the associated safety information.

4. SUBMITTER DECLARATION

- ☐ I confirm that the information provided is complete and accurate and that all sample containers will be correctly labeled.
- ☐ I confirm that the submitted materials are chemical samples and do not contain radioactive or infectious biological material.
- ☐ I am authorized to submit the samples and to provide the selected permission regarding publication of measured data.

Typed name / signature of submitting person

Date (YYYY-MM-DD)

Position / role

5. PERMISSION FOR SUPRABANK DATA DEPOSITION

Select one option. Permission concerns measured data, model-fit results, experimental conditions, and non-confidential sample metadata. Personal contact details will not be published.

- ☐ YES - I authorize public deposition in the SupraBank database after completion of the measurement.
- ☐ YES - I authorize deposition after an embargo / publication date specified below.
- ☐ NO - I do not authorize deposition of the measured data in SupraBank.

Embargo end date (if applicable)

Publication reference / DOI or specific conditions

Confidentiality restrictions or metadata that must not be published (optional)

FOR SUPRABINDINGLAB USE ONLY

Internal submission ID

Date received

Safety / feasibility reviewer

Submission decision

- ☐ Accepted ☐ Accepted with conditions ☐ Rejected / clarification required

Decision, conditions, sample receipt condition, or internal notes

- ☐ SupraBank permission status verified before data deposition

Review date / initials