

Protein Chemistry Laboratory
PROTEIN SEQUENCING

Date _____

User _____ P.I. _____
Phone _____ FAX _____
e-mail _____ Dept. _____

FOR OUTSIDE USERS, A PO# IS REQUIRED WITH SAMPLE SUBMISSION:

Note: Samples containing radioisotopes will NOT be accepted for analysis. Please indicate, by initialing, that any and all samples(s) submitted herewith do NOT contain any radioisotope. _____

SAMPLE DATA:

Sample Name _____
Mol. Wt. _____
Quantity _____ nmol/pmol (circle one)
 _____ µg _____ µl

PNAACL SAMPLE NUMBER:

SAMPLE BACKGROUND:

Sample Composition (salts, buffers, lipids, glycerol, etc.):

Sample Chemistry (chemically modified, glycosylated, unusual a.a., etc.):

Sample Preparation History (source & how prepared, e.g. dialysis, ppt, gel, HPLC, EE, EB, PVDF):

ANALYSIS NOTES:

SAMPLE WORKUP:

of cycles (AFAP, amino check): Requested _____ Actual _____

Sample Preparation Directions:

Sample Preparation Log:

Run Number _____

OFFICE USE ONLY

Academic Pricing

6 cycle minimum charge

_____ cycles @ \$40.00 ea

Non Academic Pricing

6 cycle minimum charge

_____ cycles @ \$60.00 ea

= \$ _____

Note: Due to administrative costs beyond our control, all bills that are paid by check will include an additional 6% surcharge.