

SUBMITTER INFORMATION

Professor/Supervisor _____ Date _____

Dept/Company _____ Mail Stop _____

Submitter's Name (First) _____ (Last) _____

Phone _____ FAX _____ E-mail _____

| |
|-----------------------------------|
| ACCOUNT or PO NUMBER _____ |
|-----------------------------------|

BILLING ADDRESS

Address: _____

City _____ State _____ Zip _____

Phone _____ Attn: _____

SAMPLE INFORMATION

Sample Name _____ Source/Tissue/Species _____

Amount of peptide/protein (ugm)? _____ How determined? (UV, protein assay) _____

Approx molecular weight? _____ How determined? _____

Volume of sample? _____

What is sample solvent? _____

| |
|--|
| What type of electrophoretic separation do you require? SDS PAGE _____ IEF _____ 2-D PAGE _____ Electroblot _____ |
|--|

What molecular weight range are you interested in for maximal resolution? _____ % Polyacrylamide _____

What pH range are you interested in for maximal resolution? _____

Does this sample present a hazard? Y or N; If yes, radioactive _____ biohazard _____; Easily replaced? Y or N

All samples are held at -20° C unless otherwise specified.