

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 _____

Amount of protein (ugm) _____

Volume of sample _____

Sample solvent _____