

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 _____

Protein _____ Peptide _____ PVDF _____ Liquid _____ Dried _____

How many residues would you like analyzed _____?

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

Approx molecular weight? _____ How determined? SDS PAGE _____ Other _____

How pure do you estimate this sample to be (mol %)? How estimated? _____

What is sample solvent? _____

Sample exposed to primary or secondary amines? (i.e. Tris, Ammonium Acetate) Y or N; Which? _____

Was the sample exposed to urea? Y or N; formic acid? Y or N

Are there unusual amino acids or modifications present (Phosphate _____ Sulfate _____ CHO _____)

Are the cysteines alkylated? Yes _____ No _____ (If yes, with what? _____)

Note: Unless the sample is reduced and alkylated, cycles that contain cysteine will be blank. If the assignment of a cysteine residue is critical to your research, please talk with us about it.

Is the peptide a cleavage product? Trypsin _____ EndoLysC _____ CNBr _____ Other _____

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.