

# AMINO ACID ANALYSIS REQUEST

TO ORDER: PRINT THIS FORM, FILL IT OUT, AND FAX IT  
TO (310) 206-1700

## User Information

User Name	
Phone	
Fax/Email	
Institution/Company	
Department	
PO/Cost Center Number	
Billing Address	
Street	
City, State	
Zip Code	

Sample Name:	
# of Replicates Desired	
# of time points desired	
Sample Description	
Volume	
Concentration	
Solvent	
Total Weight	
Molecular Weight	
Total Moles	
Preparation Method (PVDF/HPLC/SDS/Gels)	
Unusual Amino Acids or Modifications:	
Sequence if known	

**Sample Information:**

