



BIOPOLYMER LABORATORY
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PEPTIDE SYNTHESIS REQUEST

USER INFORMATION:

USER NAME: _____ DATE: _____
PI: _____ P.O. NUMBER: _____
INSTITUTION/CO.: _____ PHONE: _____
DEPARTMENT: _____ FAX: _____
SHIPPING ADDRESS: _____ BILLING ADDRESS: _____

SYNTHESIS INFORMATION:

PEPTIDE NAME: _____ NO. OF AMINO ACIDS: _____
PEPTIDE USAGE: _____
PEPTIDE SEQUENCE: (Please use three letter code and begin at the top left with the N-terminus)

	1	2	3	4	5	6	7	8	9	10
NH ₂ -end										
11										
21										
31										
41										
51										

SPECIAL CHEMISTRY: _____

N-TERMINAL ACYLATION (specify group): _____ MAP PEPTIDE (yes/no): _____

C-TERMINAL AMIDATION: _____ OTHER (specify): _____

PURIFICATION (amount needed in mg): _____ PURITY REQUIRED (%): _____

MASS SPECTRAL ANALYSIS: YES _____ NO _____



Signature: I approve the cost estimate and the peptide synthesis policy of the BPL: _____

INV.NO.:	D.B.:
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