

PROTEIN SEQUENCE 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:	
Sample Description:	

Sample Information:

Volume:	
Concentration:	
Solvent:	
Total Weight:	
Molecular Weight:	
Total Moles:	
Preparation Method (PVDF/HPLC/SDS/Gels):	
Unusual Amino Acids or Modifications:	
Number of Cycles to Run:	
Purpose:	