Keck Biotechnology Resource Laboratory

Non-Yale Protein Sequencing Sample Submission Form

(Radioactive Samples Will Not Be Accepted Without Prior Approval)

Order Date: MM DD YY

Your Name: Last Name | First Name | MI

PI Name: Last Name | First Name | MI

Department: **Institution:**

Telephone: ( ) - **Fax:** ( ) - **E-mail:**

Billing Address: *(Required)* Street Address | City, State | Zip Code

Shipping Address: Street Address | City, State | Zip Code

Required Charging Instructions (Check one): ☐ P.O. Number-Amount: $ ☐ NBC ☐ Credit Card

Enter a Purchase Order Number or a Visa/Mastercard Number and Expiration Date. Please indicate whether the charging instructions refer to a P.O. Number, an HHMI P.O. Number, or a Credit Card above. Indicate P.O. Amount if applicable.

Description of Samples				
Sample #	1	2	3	4
Sample Name				
Biological Source (if appropriate)				
Estimated Total Amount (µg)				
Estimated Total Amount (picomole)				
Total Volume (µl)				
Monomer Mass (Da)				
Form (PVDF, solution or dry)				
Radioactive?				
Isotope/cpm				
Biohazard? (If yes, explain below)				
Requested Services (check all services requested on each sample)				
Amino Acid Sequencing				
Number of Cycles				

E-mail ***Sequencing*** Results? (Check if Yes): ☐

If samples are submitted in solution please give the solvent/buffer - use a separate form if different samples are in different solvents.

If samples are submitted dry please give the method of precipitation or the volume/composition of the buffer/solvent that was dried: