

PROTEIN SEQUENCE ANALYSIS

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CONTACT NAME: _____

Date: _____

PI NAME: _____

Phone #: _____

E-mail Address: _____

Fax #: _____

SAMPLE NAME: _____

Number of Cycles to Run: _____ cycles (please specify)

Sample Preparation: (check one)

a) Molecular Weight: _____

____ PVDF blot Number of pieces: _____

b) Estimated Amount: _____

____ Liquid Buffer: _____

c) How was the amount of Protein estimated?

Volume: _____

Conc: _____ [mg/ml]

____ Digestion Enzyme: _____

Radiolabel: (circle one) NONE ³²P ³⁵S ¹⁴C ³H Amount: _____ cpm

(Radiolabelled samples are restricted to <2000 cpm ³H, ¹⁴C, ³²P or ³⁵S.)

NOTES: Special instructions or considerations:

Invoice Information (complete as appropriate):

TUFTS USERS

DEPT ID #:

Proj/Grant #:

TUFTS MEDICAL CENTER

COST CENTER #

DEPT:

BOX:

ALL OTHER USERS

Company Name:

P.O.#/CC#:

CVV2*

EXP:

Shipping Address: _____

Billing Address: _____

Facility use only:

_____ START-UPS @ _____ _____ CYCLE @ _____

*The customer verification number is a non-embossed number located on your card that cannot be obtained easily by using an imprint of your card or simply copying down the account number. Discover/Visa/Mastercard CVV2 numbers are the last three digits printed in the signature field on the back of your card. American Express card CVV2 numbers are four digits long and they are printed above the last four digit block on the front of the card.