



PROTEIN CHEMISTRY LABORATORY

TEXAS A&M UNIVERSITY
DEPARTMENT OF BIOCHEMISTRY

SUBMITTAL FORM

SUBMITTER INFORMATION

Project # _____

Professor/Supervisor _____	Date _____
Dept/Company _____	Mail Stop _____
Submitter's Name _____	Account/PO Number _____
Phone _____ FAX _____	E-mail _____
Billing Address _____	

SAMPLE INFORMATION

Sample Name _____ _____ _____ _____ _____ _____	Submitted As: <input type="checkbox"/> PVDF Transfer Buffer _____ Stain _____ <input type="checkbox"/> Liquid Buffer Components _____ Conc. _____ <input type="checkbox"/> Gel Acrylamide % _____ Gel Thickness _____ <input type="checkbox"/> Solid Solubility _____ Quantity _____ Storage Required: <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C Easily replaced? <input type="checkbox"/> No <input type="checkbox"/> Yes Notes _____
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SERVICES

Electrophoresis: <input type="checkbox"/> SDS PAGE <input type="checkbox"/> 2-D PAGE <input type="checkbox"/> DIGE <input type="checkbox"/> Electrobolt	Size <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Coomassie <input type="checkbox"/> Silver <input type="checkbox"/> 7 cm <input type="checkbox"/> 13 cm <input type="checkbox"/> Coomassie <input type="checkbox"/> Silver pH Range: <input type="checkbox"/> 4-7L <input type="checkbox"/> 3-10L <input type="checkbox"/> 3-10NL <input type="checkbox"/> 6-11L <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Coomassie* <input type="checkbox"/> _____	Stain _____ _____ _____	Acrylamide % _____ _____ _____	MW Range _____ _____ _____	Contaminants _____ _____ _____
*Blots are performed in CAPS buffer and stained with Coomassie Blue, inquire about other buffers or stains.					
Protein Cleavage	<input type="checkbox"/> In-gel <input type="checkbox"/> In-solution	<input type="checkbox"/> Trypsin <input type="checkbox"/> Other _____			
Mass Spectrometry	<input type="checkbox"/> MALDI-TOF	<input type="checkbox"/> MW Determination of Protein/Peptide	Unusual AA's <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
<input type="checkbox"/> ESI	<input type="checkbox"/> Peptide Mass Fingerprinting for Protein ID	Modifications <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
		Alkylated <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
		Cleavage Product <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
HPLC Separations	<input type="checkbox"/> Analytical (small scale) <input type="checkbox"/> Semi-Preparative (medium scale) <input type="checkbox"/> Preparative (large scale)				
N-Term. Sequencing	Approx. MW _____	Unusual AA's <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
	Number of Cycles (5 cycle minimum) _____	Modifications <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
	Cleavage Product <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Alkylated* <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
*Unless the sample is reduced and alkylated, cycles that contain cysteine will be blank. If the assignment of a cysteine is critical to your research, please talk with us about it before submitting samples.					

ADDITIONAL COMMENTS

Policy: Cancellations are not to be accepted after analysis has been started. In case the desired sequencing result cannot be obtained due to N-terminal blockage, interfering buffer components, or low amount of the submitted sample, charges still apply.