



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"/> Electrobolt	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Size</u></td> <td style="text-align: center;"><u>Stain</u></td> <td style="text-align: center;"><u>Acrylamide %</u></td> <td style="text-align: center;"><u>MW Range</u></td> <td style="text-align: center;"><u>Contaminants</u></td> </tr> <tr> <td><input type="checkbox"/> Small <input type="checkbox"/> Large</td> <td><input type="checkbox"/> Coomassie <input type="checkbox"/> Silver</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 7 cm <input type="checkbox"/> 13 cm</td> <td><input type="checkbox"/> Coomassie <input type="checkbox"/> Silver</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2">pH Range: <input type="checkbox"/> 4-7L <input type="checkbox"/> 3-10L <input type="checkbox"/> 3-10NL <input type="checkbox"/> 6-11L</td> <td colspan="3">Protease Inhibitor _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Amido* <input type="checkbox"/> _____</td> <td colspan="3">_____</td> </tr> </table> <p><small>*Note: blots are performed in CAPS buffer and stained with amido black, inquire about other buffers or stains.</small></p>	<u>Size</u>	<u>Stain</u>	<u>Acrylamide %</u>	<u>MW Range</u>	<u>Contaminants</u>	<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		Protease Inhibitor _____			<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Amido* <input type="checkbox"/> _____		_____		
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Mass Spectrometry	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> MW Determination of Protein/Peptide <input type="checkbox"/> Peptide Mass Fingerprinting for Protein ID <input type="checkbox"/> MALDI-TOF <input type="checkbox"/> ESI </td> <td style="width:50%; vertical-align: top;"> Unusual AA's <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 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 _____ </td> </tr> </table>	<input type="checkbox"/> MW Determination of Protein/Peptide <input type="checkbox"/> Peptide Mass Fingerprinting for Protein ID <input type="checkbox"/> MALDI-TOF <input type="checkbox"/> ESI	Unusual AA's <input type="checkbox"/> No <input type="checkbox"/> Yes _____ 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 _____																							
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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 _____ <p><small>*Note: 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.</small></p>																									

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.