

N-terminal Sequencing
Sample Submission Form

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Submitted by:	Date:
Company / Dept.:	Tel:
Street address	Fax:
(Street address)	
(Street address)	
Email:	
Billing reference: (i.e.: billing / account number)	
Billing address:	
(billing address)	
(billing address)	
(billing address)	

Reference: (for further communication)	
Sample origin: (e.g. tissue, species‡)	
Sample format: (purified proteins)	<input type="checkbox"/> PVDF-membrane <input type="checkbox"/> lyophilised <input type="checkbox"/> in solution
Sample buffer: (e.g. 50 mM TrisHCl, 10mM NaCl)	
Sample additives: (e.g. buffer, salts, detergents)	
Sample detergents: (e.g. 1% CHAPS)	
Stain used:	<input type="checkbox"/> coomassie <input type="checkbox"/> ponceau S <input type="checkbox"/> sulforhodamine <input type="checkbox"/> other, specify

‡ or source of cloned gene
* approximate values

No.	Sample Label (as appears on vial)	Conc./Qty. (specify units)	MW* [kDa]	No. of steps	Description (additional information)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Additional comments:					
Shipping: (date + conditions)			Completion: (desired date) <u>Express service results in surcharges</u>		
Purchase order (date and authorised signature)					

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