



TU Tufts University
CF Core Facility

Protein Sequence Analysis

Contact: _____ Date: _____
 PI Name: _____ Phone: _____
 E-mail: _____ Fax: _____

SHIPPING & BILLING INFORMATION (complete as appropriate):

TUFTS UNIVERSITY	Dept ID:	Project/Grant Number:	
TUFTS MEDICAL CENTER	Cost Center:	Dept:	Box:
ALL OTHER CUSTOMERS			
Company Name:			
Shipping Address:			
Billing Address:			
Purchase Order #:			
Credit Card #: Print Form & Fill-in by hand		EXP:	CVV2:
	<small>*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.</small>		

DO NOT SEND CREDIT CARD INFORMATION BY EMAIL! It is not secure and against credit card company security policy to do so. Please send the completed form by fax or include with samples being sent to us.

FOR YOUR SECURITY, PLEASE SHRED FORM WITH CREDIT INFORMATION AFTER FAXING.

Facility use only:

_____ START-UPS @ _____ _____ CYCLE @ _____



Protein Sequence Analysis

Contact: _____ Date: _____

PI Name: _____ Phone: _____

E-mail: _____ Fax: _____

SAMPLE NAME: _____

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

a) Molecular Weight: _____

b) Estimated Amount: _____

c) How was the amount of Protein estimated?

Sample Preparation: (check one)

_____ PVDF blot # of pieces: _____

_____ Liquid Buffer: _____

Volume: _____

Concentration: _____ [mg/ml]

_____ Digestion Enzyme: _____

NOTES: Special instructions or considerations:

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NOTES: Special instructions or considerations: