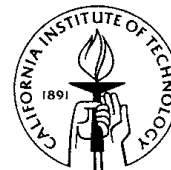


California Institute of Technology

Protein/Peptide Micro Analytical Laboratory



HPLC
Capillary Electrophoresis

www.cco.caltech.edu/~ppmal

Professor/Supervisor _____ Date _____

Company/ Dept. _____

mailing address _____

Name (first) _____ (last) _____

Phone _____ M/C _____ E-mail _____

FAX _____ Bldg/room # _____

account (or PO) number _____

BILLING ADDRESS Phone _____ Attn: _____

Address _____

P.O. Box _____

City _____ State _____ ZIP _____

SAMPLE INFORMATION

sample name: _____

TOTAL AMOUNT OF SAMPLE in microgram (μg)	_____
TOTAL VOLUME in microliter (μL)	_____
SAMPLE SOLVENT	_____ _____

NOTES:

(internal use only)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

sample description

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

total charge = _____