

California Institute of Technology Protein/Peptide Micro Analytical Laboratory



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Protein Identification () Post-Translational Modification ()

Professor/Supervisor _____ Date _____

Department _____ Bldg/room # _____

Name (first) _____ (last) _____

Phone _____ M/C _____ E-mail _____

(Off-Campus only) Company/Mailing address _____

For information on sample requirements, etc., please contact lab:

www.its.caltech.edu/~ppmal
(626)395-6388 lab
(626)395-2769 office
Beckman Institute Room 204

Sample Name: _____

Account Number _____

TOTAL AMOUNT OF SAMPLE in microgram (μg)	_____
MOLECULAR WEIGHT (ESTIMATED)	_____
SEQUENCE KNOWN ? - please email -	() YES () NO
SAMPLE ORGANISM?	_____
Modification Site Determination*: Phosphorylation () Glycosylation () Other ()	

* Please discuss with lab personnel

INCLUDES:

- ENZYMATIC DIGESTION, IN-GEL OR SOLUTION
- ANALYSIS BY LIQUID CHROMATOGRAPHY/ MASS SPECTROMETRY

FURTHER ANALYSIS AFTER CONSULTATION

NOTES: