California Institute of Technology

Protein/Peptide Micro Analytical Laboratory

Sequence Analysis

www.its.caltech.edu/~ppmal

Professor/Supervisor _____ Date _____

Department _____

Name (first) _____ (last) _____

Phone _____ E-mail _____

M/C _____ Bldg/room # _____

Account or PO number _____

SAMPLE INFORMATION

Sample Name: _____

NUMBER RESIDUES DESIRED _____

Protein ( ) Peptide ( )

TOTAL AMOUNT OF SAMPLE
in microgram (µg) _____

MOLECULAR WEIGHT _____

ESTIMATED MOL-% PURITY _____

SAMPLE VOLUME
in microliter (µL) _____

SAMPLE SOLVENT/SALTS _____

PVDF MEMBRANE TYPE ProBlott Preferred* _____

We can provide ProBlott*

NOTES:

TISSUE SOURCE _____

CYSTEINES ALKYLATED (?) ○ No ○ Yes IF YES, WHICH REAGENT? _____