



BIOTECHNOLOGY SUPPORT FACILITY
5022 WAHL HALL WEST
3901 RAINBOW BOULEVARD
KANSAS CITY, KS 66160-7421
PHONE: (913) 588-6927
FAX: (913) 588-7131

PROTEIN-PEPTIDE CHEMISTRY ORDER FORM

Principal Investigator: _____ Submitted By: _____

Department and Laboratory Address: _____

Phone Number: _____ Date Submitted: _____

Grant Account Number To Be Billed: _____

Services Requested (Please Check One):

_____ Amino Acid Analysis

_____ n-Terminal Sequencing

_____ Number of amino acid identifications desired

Sample Name: _____

Sample Quantitation: _____ μg Molecular Weight: _____

Buffers, Salts or Impurities Present: _____

Special Instructions: _____

Date Data Delivered: _____ By: _____