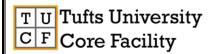


Protein Sequence Analysis

Contact:		Date:				
PI Name:						
E-mail:						
SHIPPING & BILLING INFORMATION (complete as appropriate):						
TUFTS UNIVERSITY	Dept ID:	Project/Grant Number	r:			
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:		
	an imprint of your card or three digits printed in the	n number is a non-embossed number located on yo simply copying down the account number. Discov signature field on the back of your card. American above the last four-digit block on the front of the ca	er/Visa/Master@ Express card C	Card CVV2 numbers are the last		
security policy to do so. Ple	ease send the compl	ON BY EMAIL! It is not secure and leted form by fax or include with said with CREDIT INFORMATION	mples bein	g sent to us.		
	_ START-UPS @	CYC	CLE @			



Protein Sequence Analysis

Contact:	Date:			
PI Name:	Phone:			
E-mail:				
SAMPLE NAME:				
Number of Cycles to Run: cycles (please specify)	Sample Preparation: (check one)			
a) Molecular Weight:	PVDF blot	# of pieces:		
b) Estimated Amount:	Liquid	Buffer:		
c) How was the amount of Protein estimated?		Volume:		
		Concentration:	[mg/ml]	
	Digestion	Enzyme:		
SAMPLE NAME:				
Number of Cycles to Run: cycles (please specify)	Sample Preparation: (check one)			
a) Molecular Weight:	PVDF blot	# of pieces:		
b) Estimated Amount:	Liquid	Buffer:		
c) How was the amount of Protein estimated?		Volume:		
		Concentration:	[mg/ml]	
	Digestion	Enzyme:		
NOTES: Special instructions or considerations:				
-				