



UNMC Protein Structure Core Facility
Peptide Separation & Digestion SAMPLE INFORMATION FORM

Principal Investigator _____ Phone _____

Person to contact in laboratory _____ FAX _____

Address for Reports _____ Billing Address- ATTN: _____

Department _____ Department _____

Dept. Zip _____ Dept. Zip _____

Cost Center (WBS) _____

Sample ID on container: _____

Sample Identification _____ Accession Number _____

Sample Information (organism, source) _____

Estimated amount _____ By what method (ie Bradford etc.) _____

Molecular weight _____ Unusual amino acids present? _____

Gel? _____ PVDF _____

Please summarize your method of preparation _____

DIGESTION & HPLC SEPARATION \$100

_____ with trypsin
_____ other, specify _____ (additional charges may apply)
_____ radioactive (\$50 additional charge) call before submitting sample!

MASS SPEC _____ \$15 (for each peptide)

SEQUENCING

- Setup: \$120 (for each peptide)
- Per cycle charge \$10
- Minimum charge (Setup + 5 cycles) \$170

Mass Spec and Sequence _____ peptides from the separation.

REMEMBER TO INCLUDE BLANK GEL OR MEMBRANE