UNMC Protein Structure Core Facility
SEQUENCE 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 Brandford etc.) ________________________

Molecular weight __________ Are nonvolatile salts present? In what amount? ___________

Please summarize your method of preparation __________________________________________

________________________________________

NUMBER OF CYCLES TO RUN

Please choose one of the following:

___________ 5 cycles (minimum)

___________ Cycles

___________ As far as possible, specify maximum.

FEE SCHEDULE

• Setup $120
• Per cycle charge $10

Minimum charge (Setup + 5 cycles) $170