



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 Bradford 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