UNMC Protein Structure Core Facility
SEQUENCE SAMPLE INFORMATION FORM
Patrons outside the University of Nebraska System

Principal Investigator ___________________________ Phone __________________

Person to contact in laboratory ____________________ FAX ____________________

Address for Reports ____________________________ Billing Address __________________
______________________________________________
______________________________________________

Method of Payment (PO#) __________________________

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 $185
- Per cycle charge $30

Minimum charge (Setup + 5 cycles) $335