

*Institutional Protein Core Facility
UTHSCSA
Sequencing Request Form*

Investigator: _____ Date: / /

Department: _____ Sample: _____

Phone: _____

Sample number or name: _____

Approximate quantity: _____

Description of sample preparation: (Chemical modifications, background solution, was the sample prepared by HPLC, dialysis, gel, or on PVDF, etc.)

Expected sequence: _____

Number of cycles requested: _____

Startup:	\$125.00
Cycles @ \$10.00	\$
+ 25% Outside Academic Institution	\$
+50% Non-academic Institution	\$
Estimated Cost:	\$

Account Number: _____

I certify that the Institutional Protein Core Facility at the UTHSC, San Antonio, Texas will be acknowledged in a publication containing sequence analysis obtained from the Core facility.

Signature: _____