

N-TERMINAL PROTEIN SEQUENCING REQUEST FORM

(to be filled by the laboratory)

Order Nº _____/_____
 Order date ____/____/____
 Rubric _____

Customer ID

Name: _____ Department / Group: _____
 Institution: _____ VAT nº / Project: _____
 Address: _____ Phone: _____
 _____ e-mail: _____

Sample/s ID and characterization (fill what is known)

	I	II	III	IV	V	VI
Sample name						
Biological source						
Estimated molecular mass (KDa)						
Estimated amount (µg/pmol)						
Membrane bound (Y/N)						
Monomeric (Y/N)						

Samples in blot: stain (X)

Ponceau S _____
 Coomassie R _____
 Coomassie G _____
 Amido black _____

Samples in solution or dried

Buffer composition _____
 Buffer concentration _____
 Detergent name and concentration _____

Aim of analysis

N-terminal sequencing (X)

Alkylation before sequencing _____
 Number of residues requested _____

Storage (X)	Completion (X)
Room temperature _____	Dispose of samples _____
Refrigerated _____	Save to return to customer _____
Frozen _____	
Light sensitive _____	
Any other remarks:	

Important Notes:

1. Warnings

Radioactive or biohazard samples are not accepted.

Only PVDF membrane is compatible with sequencing reagents.

Samples with improperly filled ordering form will not be processed.

If not requested, the remaining of the samples will be disposed of six months after analysis

2. Data measured by the Analytical Services Unit

Publications that use this data should include this information in the appropriate section.

A typical sentence: "Data provided by the Research Facilities at ITQB NOVA".

Customer signature

Date