



# Protein Chemistry Laboratory

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## SUBMITTAL FORM

### SUBMITTER INFORMATION

Project # \_\_\_\_\_

Professor/Supervisor _____	Date _____
Dept/Company _____	Mail Stop _____
Submitter's Name _____	Account/PO Number _____
Phone _____ FAX _____	E-mail _____
Billing Address _____	
_____	

### SAMPLE INFORMATION

Sample Name _____ _____ _____ _____ _____	<b>Submitted As:</b>
	<input type="checkbox"/> PVDF    Transfer Buffer _____    Stain _____
	<input type="checkbox"/> Liquid    Buffer Components _____    Conc. _____
	<input type="checkbox"/> Gel    Acrylamide % _____    Gel Thickness _____
	<input type="checkbox"/> Solid    Solubility _____    Quantity _____
Storage Required: <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C   Easily replaced? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Notes _____	

### SERVICES

<b>Protein Cleavage</b>	<input type="checkbox"/> In-gel <input type="checkbox"/> In-solution	<input type="checkbox"/> Trypsin <input type="checkbox"/> Other _____
<b>Mass Spectrometry</b>	<input type="checkbox"/> MW Determination of Protein/Peptide <input type="checkbox"/> Peptide Mass Fingerprinting for Protein ID <input type="checkbox"/> MALDI-TOF <input type="checkbox"/> ESI	Unusual AA's <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Modifications <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Alkylated <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Cleavage Product <input type="checkbox"/> No <input type="checkbox"/> Yes _____
<b>HPLC Separations</b>	<input type="checkbox"/> Analytical (small scale) <input type="checkbox"/> Semi-Preparative (medium scale) <input type="checkbox"/> Preparative (large scale)	

### ADDITIONAL COMMENTS

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Policy: Cancellations are not to be accepted after analysis has been started.