EDMAN SEQUENCING REQUISITION

PROTEIN CHEMISTRY
TECHNOLOGY CENTER
UTSWMC
ND6.202; (214) 645-6301; (214) 645-6298 (fax)
Yan.Li@UTSouthwestern.edu

Date Ordered: _____ **Phone #:** _____ **Fax #:** _____

Requested By: _____ **Authorized Signature:** _____

Lab Room #: _____ **Department:** _____

Investigator: _____ **PI:** _____

No.	Sample Name	Amt (pmol)	Est Mwt (if known)

1. Organism:_____

2. Sample Submitted in:
PVDF (stain used):_____
Dry (resolubilization buffer)_____
Solution (composition):_____

3. Special Handling:
Temperature:_____
Biological Hazard:_____
Radioactivity:_____
Counts:_____

Please Indicate Desired Analysis:

___ I. N-terminal Edman Sequence Analysis
Number of Estimated Cycles:___
Purpose of Analysis:
___ Confirmation of N-terminus
___ Determination of cleavage site
___ Identification of unknown protein
___ QC of synthetic peptide
___ Other:_____
_____

___II. Internal Edman Sequence Analysis
Number of Estimated Cycles:___
Purpose of Analysis:
___ Characterization of novel protein
___ Location of heterogeneity
___ Location of post-translational modification
___ Other:_____
_____

___ III. Miscellaneous
Instructions:_____
_____

PCTC Use Only
Log #: _____**; Data File #:**_____**; # of Residues:**_____ **Total Cost:** _____
Comments: _____ **Date of Analysis:** _____

<u>Orders must be accompanied by a completed IDR (One IDR per month)</u>

Please acknowledge PCTC core facility in manuscripts, when appropriate