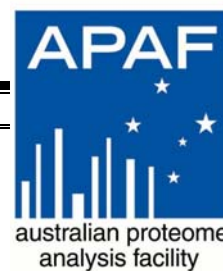


AMINO ACID ANALYSIS REQUEST FORM



Send Samples To	Contact Details
Amino Acid Analysis Australian Proteome Analysis Facility Level 4, Building F7B, Research Park Drive Macquarie University Sydney, NSW 2109	Amino Acid Analysis Ph: + 61 2 9850 6201 Fax: +61 2 9850 6200 Email: aaa@proteome.org.au Website: www.proteome.org.au

Customer Details	
Contact Name: _____	Organisation: _____
Phone: _____	Billing Address: _____
Fax: _____	_____
Email: _____	_____
Principal Investigator: _____	Purchase Order Number: _____

Sample Details	
Please attach a separate sheet with details of all samples if you are submitting more than one sample.	Method of purification: _____
Sample Name: _____	If the sample is a liquid, please state buffer and salt concentrations: _____
Sample format: (please select) solid / liquid / PVDF / gel	Special handling of sample: _____
Species: _____	_____
Approximate MW: _____	_____
Quantity of _____ µg.	Reason for Amino Acid Analysis:
Estimated purity (%): _____	<input type="checkbox"/> AA Composition <input type="checkbox"/> Protein Quantitation

Nature of Service [†]	Fee*	Number	Cost (\$A)
High Sensitivity AAA (gas phase hydrolysis)	Duplicates \$110		\$
Free AAA (no hydrolysis)	Duplicates \$110		\$
Quantitative AAA (for food products – liquid hydrolysis)	Duplicates \$130		\$
Tryptophan determination (base hydrolysis)	Duplicates \$150		\$
Cysteine determination (performic acid oxidation)	Duplicates \$160		\$
Sample desalting	\$60		\$
TOTAL COST			\$

[†] Other Amino Acids available on request (e.g. Hydroxy proline, taurine).
 * Prices quoted are exclusive of GST (applicable only to samples originating within Australia).

Please note that discounts apply to ≥ 20 samples, please enquire. Samples are placed in a queue on receipt with the completed form. For other services and urgent samples, please contact us via e-mail (aaa@proteome.org.au). Reports will be sent in electronic format as PDF files.

I agree to the charges listed above and I have prepared the sample(s) according to APAF's guidelines (available upon request). I also agree that APAF will be notified of all publications containing the results from this work. These publications will acknowledge the contribution of APAF with the words *"This research has been facilitated by access to the Australian Proteome Analysis Facility established under the Australian Government's Major National Research Facilities program"*.

_____ / ____ / ____
 Print Name Sign Name Date

Payment Details	
We would appreciate prior payment for samples under \$2,000. Please provide credit card details:	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard _____	
Expiry ____ / ____	Name on the Card: _____ Signature: _____
For samples over \$2,000 payment must be received within 14 days of receipt of invoice.	

APAF Office Use Only. Sample receiving date: _____ Project Code: _____
 Responsible by: _____ File Name: _____ Date of Completion _____