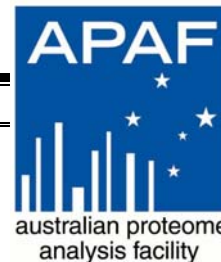


N-TERMINAL SEQUENCING REQUEST FORM



Send Samples To:	Contact Details:
N-terminal Sequencing Australian Proteome Analysis Facility Level 4, Building F7B, Research Park Drive Macquarie University Sydney, NSW 2109	N-terminal Sequencing Ph: + 61 2 9850 6201 Fax: +61 2 9850 6200 Email: edman@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

Sample Name: _____ Sample format: (please select) solid / liquid / PVDF / gel Approximate MW: _____ Quantity of protein _____ pmole, or _____ µg. Estimated purity (%): _____ Species: _____ Method of purification: _____ Chemicals used for reduction and alkylation, if any: _____	If the sample is a liquid, please state buffer and salt concentrations: _____ Special handling of sample: _____ Reason for Sequence analysis: <input type="checkbox"/> Protein identification <input type="checkbox"/> N-Terminal sequence identification <input type="checkbox"/> Other _____
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Nature of Service	Fee*	Number	Cost (\$A)
Sequencing set up fee [†] (per sample)	\$170		\$
Edman sequencing fee per amino acid	\$30		\$
Cys reduction / alkylation	\$150		\$
Elution of protein from gel prior to analysis	\$60		\$
Sample desalting	\$60		\$
	TOTAL COST		\$

[†] If we are unable to obtain N-terminal sequence data, a \$290 fee is payable (setup +4 residue cycles).
 * Prices quoted are exclusive of GST (applicable only to samples originating within Australia).

Samples are placed in a queue on receipt with the completed form. For other services and urgent samples, please contact us via e-mail (edman@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:

Visa Mastercard 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: _____