

PEPTIDE SYNTHESIS ORDER

Tufts Core Facility, Physiology Dept., Stearns Rm. 808, 136 Harrison Ave, Boston, MA 02111 (617) 636-2422

DATE: _____

PHONE #:

1) Sequence Name: _____. Total Amino Acids ____

• **SCALE** (circle one): 0.1 mmol 0.25 mmol • **HPLC PURIFICATION:** Yes No

• **N-terminal** (circle one): NH₂ ACETYL BIOTIN FITC-AHA FITC-BALA

• **C-terminal** (circle one): -COOH AMIDE MAP

NH2- / / / / / / / / / -COOH

2) Sequence Name: _____, Total Amino Acids _____

• **SCALE** (circle one): 0.1 mmol 0.25 mmol • **HPLC PURIFICATION:** Yes No

• **N-terminal** (circle one): NH₂ ACETYL BIOTIN FITC-AHA FITC-BALA

• **C-terminal** (circle one): -COOH AMIDE MAP

NH₂- / 6 / 12 / 18 / 24 / 30 -COOH

3) Sequence Name: _____. Total Amino Acids _____

• **SCALE** (circle one): 0.1 mmol 0.25 mmol • **HPLC PURIFICATION:** Yes No

• **N-terminal** (circle one): NH₂ ACETYL BIOTIN FITC-AHA FITC-βALA

• **C-terminal** (circle one): -COOH AMIDE MAP

NH₂- / 6 / 12 / 18 / 24 / 30 -COOH

Invoice Information (complete as appropriate):

1) **TUFTS USERS:** Dept ID# _____ Proj/Grant# _____

2) **NEMC USERS:** You may FAX your order to # (617) 636-6737. Attn. Michael Berne.

COST CENTER #: _____; DEPT: _____; BOX #: _____

3) **ALL OTHER USERS:** You may FAX your order to # (617) 636-6737. Attn. Michael Berne.

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Facility use only: # Startups _____ at _____ Other _____ at _____

Tot. Amino Acids	at	Tot. Purifications	at
100	100	100	100
90	90	90	90
80	80	80	80
70	70	70	70
60	60	60	60
50	50	50	50
40	40	40	40
30	30	30	30
20	20	20	20
10	10	10	10
0	0	0	0

Biotinylations at pTYR at

pSER _____ at _____ pTHR _____ at _____ SHIPPING: _____