

**EDMAN
SEQUENCING
REQUISITION**

**PROTEIN CHEMISTRY
TECHNOLOGY CENTER
UTSWMC**

**Y4.334; (214) 648 -5017; (214) 648-9477(fax)
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Date Ordered: _____ **Phone #:** _____ **Fax #:** _____

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

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

Investigator: _____ **Acct #:** _____

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** ___ **II. Internal Edman Sequence Analysis**

Number of Estimated Cycles: ___

Number of Estimated Cycles: ___

Purpose of Analysis:

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- ___ Confirmation of N-terminus
- ___ Determination of cleavage site
- ___ Identification of unknown protein

- ___ Characterization of novel protein
- ___ Location of heterogeneity
- ___ Location of post-translational modification

___ QC of synthetic peptide
 ___ Other: _____

___ Other: _____

___ **III. Miscellaneous**

Instructions: _____

PCTC Use Only

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

Orders must be accompanied by a completed IDR (One IDR per month)