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N-terminal Sequencing Sample Submission Form

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Submitted by:	Date:
Company / Dept.:	Tel:
Street address	Fax:
(Street address)	
(Street address)	
Email:	

Reference: (for further communication)			
Sample origin: (e.g. tissue, species‡)			
Sample format: (purified proteins)	PVDF-membrane	lyophilized	in solution
Sample additives: (e.g. buffer, salts, detergents)			
Stain used:	Coomassie	Ponceau S	Sulforhodamine other, specify

No.	Sample Label (as appears on vial)	Conc./Qty. (specify units)	MW* [kDa]	No. of steps	Description (additional information)
1					
2					
3					
4					
5					
6					

Additional comments:

Shipping: (date)	Completion: (desired date)
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Purchase order: (date and authorised signature)	VAT ID: (Value Added Tax ID, required from EU customers)
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‡ or source of cloned gene
* approximate values

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