



Keck Biotechnology Resource Laboratory

Non-Yale HPLC SEC Laser Light Scattering Sample Submission Form

Order Date:

MM	DD	YY

Your Name: _____
Last Name First Name MI

PI Name: _____
Last Name First Name MI

Department: _____ Institution: _____

Telephone: () - Fax: () - E-mail: _____

Billing Address: _____
Street Address City, State Zip Code
(Required)

Shipping Address: _____
Street Address City, State Zip Code

Required Charging Instructions (Check one):	P.O. Number-Amount:	\$	NBC	Credit Card
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Enter a Purchase Order Number or a Visa/Mastercard Number and Expiration Date. Please indicate whether the charging instructions refer to a P.O. Number, an HHMI P.O. Number, or a Credit Card above. Indicate P.O. Amount if applicable.

Sample name (3 letter maximum):

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Sample Concentration: _____ mg/mL Volume _____ mL (minimum sample amounts are 100 - 300 µg/run)

Sample concentration based on:

For "on line" DLS measurement, a minimum of 400 microgram of protein needs to elute in a single peak, with the apex protein conc. of at least 0.4 mg/ml ~~www.keck.yale.edu~~

Glycoprotein? Yes No Glycerol? Yes No

Sample running buffer: Standard 20 mM HEPES, 150 mM NaCl, 1 mM EDTA, pH=8.0 Yes No

(if no, please [e-mail me](#) with **DETAIL description of needed buffer**)

Should a reducing agent (1 mM DTT) be included during the HPLC GPC run? Yes No

if **DTT is needed** [e-mail notification](#) should be sent AT LEAST 24 hours in advance of sending sample

Is the sample stable at room temperature for 12 hours? Yes No

Please contact Ewa Folta-Stogniew via [e-mail](#) (preferred) or phone (203) 737-4387, at least 72 hours beforehand to ensure that sufficient instrument time will be available.

Swiss Assension Number: _____ Sequence-Predicted Monomer MW: _____

(Note: the sequence-predicted monomer MW is requested to enable calculation of the MW error for the monomer)

Number of: Trp _____ Tyr _____ Cys _____

For analyses of samples that recover with less than 50% recovery from Superdex column, a \$200 charge for column's cleaning is applied

Give the full name of the protein: _____ What is the source? _____

For additional information, please consult our Web Page: (<http://medicine.yale.edu/keck/biophysics/index.aspx>) or contact Ewa Folta-Stogniew - Telephone: (203) 737-4387; Fax: (203) 785-4810; [E-mail: Ewa.Folta-Stogniew@yale.edu](mailto:Ewa.Folta-Stogniew@yale.edu)

Samples accompanied by a completed sample submittal form should be addressed to:

Attn: Ewa Folta-Stogniew
 Yale University
 Keck Biophysics Resource, PO Box 201
 300 George Street, Room 2131
 New Haven, CT 06511

No Packages will be accepted unless shipment is confirmed by E-mail.