PEPTIDE REQUEST FORM

NAME _____ DEPT. _____ DATE _____

TELEPHONE NO. _____ PURCHASE ORDER NUMBER _____

GRANT NAME _____ GRANT NUMBER _____

BILLING ADDRESS_____

EMAIL ADDRESS _____

PRICE: $7.50 **SETUP CHARGE**
$7.50 per Amino Acid (0.02 mmole scale) @ 1.0 mg/AA
Anything over 20 is $10.00 per Amino Acid
10% discount is given on 0.20 mmole scale @ 10.0 mg/AA
The peptide is provided to the customer unpurified.

Sequence must be given from amino terminus to carboxy terminus

	Carboxyl end type	*No. of tubes	SEQUENCE REQUEST
1)	acid / amide	_____	(N)- ___-(C)
2)	acid / amide	_____	(N)- ___-(C)
3)	acid / amide	_____	(N)- ___-(C)
4)	acid / amide	_____	(N)- ___-(C)
5)	acid / amide	_____	(N)- ___-(C)
6)	acid / amide	_____	(N)- ___-(C)
7)	acid / amide	_____	(N)- ___-(C)
8)	acid / amide	_____	(N)- ___-(C)

* 1 tube = 0.02 mmole amount @ 1 mg per Amino Acid
If you have any questions, please contact Pam Kirby at(706) 542-6409.
You may also fax requests to Pam using the following fax number:
(706) 542-6414. (Dec. 1998)