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: *(Required)* Street Address City, State Zip Code

Shipping Address: Street Address City, State Zip Code

Required Charging Instructions (Check one): ☐ **P.O. Number- Amount:** $ ☐ **NBC** ☐ **Credit Card**

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):

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

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://info.med.yale.edu/wmkeck/biophysics/) or contact Ewa Folta-Stogniew - Telephone: (203) 737-4387; Fax: (203) 785-4810; E-mail: 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.