Keck Biotechnology Resource Laboratory
Non-Yale Large Scale Peptide Synthesis Order 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.

Use 3-letter _____ and single-letter ( ) codes from Amino-Terminus to Carboxy-Terminus

NH_2

1 _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - 5

_____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - 10

_____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - 15

_____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - 20

_____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - 25

_____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - 30

_____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - 35

_____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - _____ ( ) - 40

COOH

Amino-Terminus: ☐ FREE ☐ ACETYLATED **(Check One)**

COOH-Terminus ☐ FREE ☐ AMIDATED **(Check One)**

Primary Use: _____

Possible toxic or related effects (even remote): _____

Unusual procedures or amino acids even if already indicated: _____

FAX order to (203) 737-5644; Please confirm receipt of order by phone at (203) 737-2565