Keck Biotechnology Resource Laboratory
Non-Yale Small 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.

Peptide 1

☐ Acetyl ☐ Free NH_2

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

☐ Purified ☐ Crude

☐ 25 µM ☐ 50 µM ☐ 100 µM

Free COOH ☐ $CONH_2$ ☐

Peptide 2

☐ Acetyl ☐ Free NH_2

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

☐ Purified ☐ Crude

☐ 25 µM ☐ 50 µM ☐ 100 µM

Free COOH ☐ $CONH_2$ ☐

Any special instructions/unusual procedures, etc.:

FAX order to (203) 737-2638