

Protein Core Facility

Columbia University College of Physicians & Surgeons 630 W. 168th St. Room 16-424

Edman Sequencing Sample Submission Form

Name: _____ PI: _____

e-mail: _____

Account: _____ Dept. _____

Date: _____

| Sample | No. of Cycles | PVDF | Solution | Conc.(if soln) _____ $\mu\text{g}/\mu\text{l}$ |
|--------|---------------|-------|----------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please e-mail the sequence of the protein you are submitting for analysis, if known, to mag4@columbia.edu.