

Peptide Synthesis Order Form



12571 S.W. Main St., Tigard, Oregon 97223 USA
Phone: (503) 598-8766 Fax: (503) 598-8746

CONTACT AND SHIPPING ADDRESS:

(This individual will receive shipment and all notices)

CONTACTNAME Dr. Mr. Ms. _____
 DEPARTMENT _____
 INSTITUTION _____
 ADDRESS _____
 CITY/STATE (PROVINCE) _____
 ZIP(POSTAL)CODE/COUNTRY _____
 TELEPHONE _____
 FAX _____
 EMAIL _____
 P.I. NAME _____

DATE OF ORDER:

BILLING ADDRESS:

NAME _____
 DEPARTMENT _____
 INSTITUTION _____
 ADDRESS _____
 CITY/STATE (PROVINCE) _____
 ZIP(POSTAL)CODE/COUNTRY _____
 TELEPHONE _____
 FAX _____
 EMAIL _____

PEPTIDE SEQUENCE(S) *(Orient the peptide sequence so that the amino-terminus is at the left and the carboxy-terminus is at the right.)*

Note: For each residue, please use the table below to select the appropriate upper case one-letter code. To reflect post-translational modifications (e.g. pS-phosphoserine), please use the lower case form of the one-letter code. Purity ranges are unpurified >70%, >80%, >90%, >95% and >98%.

Residue	Ala	Cys	Asp	Glu	Phe	Gly	His	Ile	Lys	Leu	Met	Asn	Pro	Gln	Arg	Ser	Thr	Val	Trp	Tyr
Code	A	C	D	E	F	G	H	I	K	L	M	N	P	Q	R	S	T	V	W	Y

PEPTIDE #1 _____
 QUANTITY _____ MG PURITY _____ MODIFICATION(S) _____
 PEPTIDE #2 _____
 QUANTITY _____ MG PURITY _____ MODIFICATION(S) _____
 PEPTIDE #3 _____
 QUANTITY _____ MG PURITY _____ MODIFICATION(S) _____

***Please note that our standard quantity is ≥ 20mg and our normal purity is ≥ 70%

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PURCHASING INFORMATION

METHOD OF PAYMENT   PURCHASE ORDER NUMBER _____

 CREDITCARD NUMBER

_____-_____
 EXPIRATIONDATE

PRINTNAME AS IT APPEARS ON CARD

SIGNATURE