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Peptide Synthesis Core – Order Form

Date: _____ **Department:** _____
Requested by: _____ **Phone:** _____
PI _____ **Signature:** _____
PI Phone: _____ **e-mail:** _____
Account or P.O. # _____

Number of Peptides: _____

Activation chemistry or chemistries:

Please check:

TFA Cleavage _____

Purification:

Ether precipitation _____

Gel Filtration _____

Reverse-phase HPLC _____

Mass Spectroscopy _____

Name of Peptide:

Residues

Resin*

Sequence (N to C)

<u>Name of Peptide:</u>	<u># Residues</u>	<u>Resin*</u>	<u>Sequence (N to C)</u>

**C-terminal amide or acid.*