

C-Building Room #523  
Harvard Medical School

Phone: (617) 432-3154  
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# Taplin Biological Mass Spectrometry Facility

<http://taplin.med.harvard.edu/>

Your Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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## **Billing Information**

Principal Investigator: (Please Print): \_\_\_\_\_

Institution: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Harvard 33-digit billing # or PO number: \_\_\_\_\_

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% Gel used: \_\_\_\_\_ Species (i.e. human, yeast): \_\_\_\_\_

Type of stain used: \_\_\_\_\_

Cysteines alkylated?: \_\_\_\_\_ If Yes, what reagent?: \_\_\_\_\_

Sample Name	Mw	Sample Name	Mw
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Comments:

\_\_\_\_\_

\_\_\_\_\_

For Internal Use:

Invoice Number: \_\_\_\_\_ Charge Per Sample: \_\_\_\_\_ Total Charge: \_\_\_\_\_