

Taplin Biological Mass Spectrometry Facility

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

Your Name: _____ Date Submitted: _____

E-mail: _____

Phone: _____ Fax: _____

.....

Billing Information

Principal Investigator: (Please Print): _____

Institution: _____

Billing Address: _____

Harvard 33-digit billing # or PO number: _____

.....

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

Type of stain used: _____

Cysteines alkylated?: _____ If Yes, what reagent?: _____

Sample Name	Mw	Sample Name	Mw
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:

For Internal Use:

Invoice Number: _____ Charge Per Sample: _____ Total Charge: _____