**PROTEIN SERVICES**

**FORM**

Note：

Please fill out the form in detail, so that PETERSON’S LAB could provide you with quotation and service rapidly.

All contents filled in the form will be treated as confidential information. Don’t worry about leaking.

Please e-mail the filled form to [service@petersonslab.org](mailto:service@petersonslab.org).

Customer Information

|  |  |  |  |
| --- | --- | --- | --- |
| University/Company |  | Department |  |
| My Name |  | Email |  |
| Telephone |  | Mobile phone |  |

Requirement Information

|  |  |  |  |
| --- | --- | --- | --- |
| Service Scheme # |  | | |
| Protein Name: |  | Uniport #: |  |
| Species: |  | | |
| AA Sequence: |  | | |
| Gene Synthesis: |  | | |
| Codon Optimization： |  | | |
| Preferred host expression system： |  | | |
| Host information： |  | | |
| Conditions of Expression / Fermentation： |  | | |
| Localization： |  | | |
| Characteristics that may affect the expression or purification： |  | | |
| If there is an existing protocol for expression and purification, attach it here： |  | | |
| Known Posttranslational Modifications： |  | | |
| For insoluble protein, attempt refolding： |  | | |
| Secretory expression： |  | | |
| Quantity required： | \_\_\_\_\_\_\_ | | |
| Purity (SDS-PAGE) Required (>%)： | \_\_\_\_\_\_\_ | | |
| Endotoxin level, less than： |  | | |
| Formulation buffer： |  | | |
| Lyophilized： |  | | |
| Keep the strain / cell lines： |  | | |
| Remarks： |  | | |

If there is more information, please attach here.