Peptide Order Form

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Please fill out form as completely as possible.

BILL TO: PO#_____ Customer#_____
Name_____
Institution_____
Department_____
Address_____
_____
City, State, Zip_____
Phone_____

SHIP TO:
Name_____
Institution_____
Department_____
Address_____
City, State, Zip_____
Phone_____
Fax_____

PEPTIDE 1 **Peptide Name**_____ Write Sequence N to C

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

Purification __Unpurified (15-40mg) __>70%pure (5-25mg) __>80%pure (5-15mg) __>95%pure (5-10mg)

Conjugation __KLH (Keyhole Limpet Hemocyanin) __BSA(Bovine Serum Albumin)

Conjugation Terminal End __ N-terminal __C-terminal

Modifications_____
_____
_____

Comments_____
_____
_____

Setup **(MAPONLY)**	$_____
AA Bases ≤80# ___	$_____
AA Bases >80# ___	$_____
Modifications	$_____
Purification	$_____
TOTAL	$_____

INDEX

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

Modification

Acetylation	$65.50
Amidation(C-terminal)	$50.00
Benzyloxycarbonylation	$48.00
Biotin	$150.00
Dansylation	$60.00
Dinitrobenzoylation(DNP)	$60.00
Fatty Acid	$48.00
Formylation	$160.00
Nitronation	$120.00
Phosphorylation-Serine	$160.00
Phosphorylation-Threonine	$160.00
Phosphorylation-Tyrosine	$160.00
Succinylation	$60.00
Sulfonation	$485.00

Fluorescence/Dye labeling

Aminocoumarin	$200.00
Biodipy	$350.00
Fluorescein	$200.00
Lissamine	$250.00
Rhodamine	$195.00
NBD	$250.00
Tetramethylrhodamine	$200.00

Protein Carrier Conjugation

KLH(Keyhole Limpet Hemocyanin	$245.00
BSA(Bovine Serum Albumin)	$245.00

Multiple Antigenic Peptide (MAP) System

Set-Up Fee **(ALL MAPPEPTIDES)**	$75.00
Asymmetric 4 branches	$275.00
Symmetric 4 branches	$285.00
Asymmetric 8 branches	$295.00
Symmetric 8 branches	$295.00

Purification

Unpurified *(Greater than 60% Pure)*	$0.00
Greater than 70% Pure	$170.00
Greater than 80% Pure	$210.00
Greater than 95% Pure	$260.00

ORDERING AND CREDIT CARD INFORMATION ___VISA ___Mastercard

Amount $_____ + Shipping $_____= TOTAL $_____

Card Number_____ Expiration Date_____

Cardholder Name (as it appears on card)_____ Signature_____