



Biomolecule Analysis Request Form

LSU AgCenter Biotechnology Laboratory
115 H.D. Wilson Laboratories
Baton Rouge, LA 70803



▶ "Service Request" and "Contact and Billing" Forms must be filled out before any service will be rendered.

Contact: Dr. Ted Gauthier phone: (225) 578-5230 fax: (225) 578-7863 email: tgauthier@agcenter.lsu.edu

Submitter Contact Information

Submitted by: _____ Date: _____
 Email: _____ Phone: _____
 Address: _____ Department: _____

Sample Information

▶ List all buffers, detergents and surfactants which sample contains or has been in contact.

Sample Name: _____ Sample Origin: _____
 Sequence (if known): _____
 Approx. Mol. weight: _____ Sample Conc.: _____
 Sample in solution? Yes No
 Sample storage conditions: _____
 Additional Information: _____

Service Requested

- Circular Dichroism (Self Service Only)
Number of Hours _____
- Analytical HPLC Analysis
Number of Injections _____
- Prep HPLC
Number of Milligrams _____
- Analytical Ultracentrifugation
Number of Hours _____
- Typhoon 9410
Number of Hours _____
- Kodak Image Station
Number of Hours _____
- Nikon Eclipse TE200 Fluorescence Microscope
Number of Hours _____
- Perkin Elmer Wallac Plate Reader
Number of Hours _____
- Amino Acid Analysis
Number of Hours _____

Facility Personnel Only

Sample ID: _____