

In-Gel Digestion

(You must also complete a service request form.)

Name: _____

Required information:

MW of protein (approx.)	
pI - if known (approx.)	
Taxonomy	
% Polyacrylamide	
Staining procedure	
Isolation procedure i.e. immunoprecipitated	
Reduced and Alkylated? If yes, with what?	
Gel Thickness	

- A picture of the gel must be provided. Please circle the bands of interest.
- If the sequence is known, please e-mail it to us, or provide on a disc.

Other Information:

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