

**SENDER AND PROJECT INFORMATION**

<b>Date:</b>		<b>Reference:</b>	<i>Quote ID or Catalog #</i>
<b>Name:</b>		<b>Institution:</b>	
<b>Phone #:</b>		<b>Email:</b>	

**REQUESTED SERVICES**

<input type="checkbox"/> Endotoxin Measurement	<input type="checkbox"/> Intact Mass Analysis	<input type="checkbox"/> Charge Variation Analysis by IEX-HPLC	<input type="checkbox"/> N-terminal sequencing (5 residue)
<input type="checkbox"/> HRP Conjugation	<input type="checkbox"/> SE-HPLC Aggregation Analysis	<input type="checkbox"/> Accurate pI Analysis by cIEF	<input type="checkbox"/> N-terminal sequencing (10 residue)
<input type="checkbox"/> Biotinylation	<input type="checkbox"/> Thermostability Analysis by DSC	<input type="checkbox"/> N-linked Oligosaccharide Profiling	<input type="checkbox"/> N-terminal sequencing (15 residue)
<input type="checkbox"/> Fluorophore Conjugation	<input type="checkbox"/> Particle Size Analysis by DLS	<input type="checkbox"/> Sialic Acid Identification and Quantitation	<input type="checkbox"/> Purity/Impurity Profiling by CE-SDS
<input type="checkbox"/> Bead Conjugation		<input type="checkbox"/> Sequence Confirmation and PTM Analysis	<input type="checkbox"/> Purity/Impurity Profiling by RP-HPLC
<input type="checkbox"/> Custom Conjugation:		<input type="checkbox"/> Reduced	
		<input type="checkbox"/> Reduced & deglycosylated	
		<input type="checkbox"/> Non-reduced	
		<input type="checkbox"/> Non-reduced & deglycosylated	

Specifications (if applicable):

Hazards:  Toxic  Reactive  Not Hazardous      Biohazard:  BSL1  BSL2

Other Request: \_\_\_\_\_      Disposition:  Return to Sender  Discard  Store  Other

Sample ID	Lot/ Batch #	Sample Description	Concentration	Volume	Storage Temp.	Buffer Formulation	Theoretical MW	Additional Information

**Ship samples to:**  
 LakePharma: Attn. Receiving  
 530 Harbor Blvd.  
 Belmont, CA 94002  
 650-288-4891