

MICROCHEMICAL AND PROTEOMICS FACILITY

EMORY UNIVERSITY

Address: Room B4336, Clinic Building B
 Winship Cancer Institute
 1365 Clifton Road N.E.
 Atlanta, GA 30322

Phone: Lab: (404) 778-4589
 FAX: (404) 778-4281
 Secretary: (404) 778-5932
 E-mail: mcflab@emory.edu

Please see our web site for additional information and online ordering:
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AMINO ACID ANALYSIS REQUEST FORM

Contact Name: _____	Date: _____
Univ./Dept.: _____	Phone: _____
Address 1: _____	FAX: _____
Address 2: _____	Account/PO #: _____
City, State, Zip: _____	E-mail address: _____
PI Name: _____	

	1	2	3	4
Sample Name:				
Composition:				
Asx				
Glx				
Ser				
Thr				
Gly				
Ala				
Arg				
Pro				
Val				
Met				
Ile				
Leu				
Phe				
Lys				
His				
Tyr				
Cys				
Trp				
Non std AA				

Cys Modified?				
MW				
Volume				
Concentration				
µg				
pmol				

Notes: _____
