# NINDS PROTEIN/PEPTIDE SEQUENCING FACILITY

## FORM 'A' -AMINO ACID SEQUENCE

Send completed form to:
Dr. Howard Jaffe
Bldg. 36, Rm. 4D04
Phone: 402-1690
Jaffeh@ninds.nih.gov

Date Submitted: _____

Name of Investigator(s): _____

Laboratory/Branch _____

Address: _____

Phone: _____

**SAMPLE INFORMATION**

Species(e.g. human, rat, yeast) _____

Type(solid, sol. or blot) _____

Quantity or concentration: _____

Number of cycles to run: _____

Molecular weight: _____

Posttranslational modifications _____

Unusual AA's _____

Toxicity or Radioactivity _____

**SAMPLE HISTORY** (indicate buffers, salts, detergents and purification scheme):

_____

_____

_____

_____

_____

_____

_____

# NINDS PROTEIN/PEPTIDE SEQUENCING FACILITY

## FORM 'B' –COOPERATIVE PROJECT

Send completed form to:
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Bldg. 36, Rm. 4D04
Phone: 402-1690
Jaffeh@ninds.nih.gov

Species(e.g. human, rat, yeast) _____

Date Submitted: _____

Name of Investigator(s): _____

Laboratory/Branch _____

Address: _____

Phone: _____

**TITLE OF PROJECT**

_____

**BRIEF DESCRIPTION OF OVERALL PROJECT (INCLUDING SIGNIFICANCE):**

_____

_____

**HISTORY OF PREVIOUS EXPERIMENTAL TRIALS (RESULTS AND CONCLUSIONS):**

_____

_____

**PROPOSED METHODOLOGY (CAN BE FLOW CHART; USE ADDITIONAL PAGES AS NEEDED):**

_____

_____

**PROPOSED TIMETABLE AND ROLES OF COOPERATING INVESTIGATORS:**

_____

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