|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date (DMY) |  |
| Lab Group: |  |
| Phone Number and Email: |  |
| Budget no.: |  |
| EMBL Unit: |  |

|  |  |
| --- | --- |
| Protein Name: |  |
| PDB / NCBI accession number: |  |
| DNA source |  |
| Host strain |  |
| Expression vector |  |
| restriction sites |  |
| tag? | Y / N | type: |  | N- or C- term |
| tag cleavage site |  |
| AA Sequence: |  |
| MW (kDa) |  |

|  |  |
| --- | --- |
| Preferred Growth media: |  |
| Antibiotic resistance: |  |
| Inductant: |  |
| cofactor(s) / additives required: |  |

Purification details

|  |  |
| --- | --- |
| Columns: |  |
| Buffers: |  |
| Preferred Final storage buffer: |  |
| Buffers / Compounds NOT to Use: |  |

|  |  |
| --- | --- |
| Minimum quantity required (mg) |  |
| Preferred Final aliquot size + concentration |  |
| Downstream applications for this sample? |  |

If you have any questions about the fields or are not sure what to write in, please ask us. We are happy to help you!

please check for protein QC!

PLEASE ALSO E-MAIL US A PLASMID MAP WITH THE COMPLETE SEQUENCE INFORMATION OF YOUR CONSTRUCTS

IF YOU WOULD LIKE ADDITIONAL PROTEIN QUALITY CONTROL, PLEASE REQUEST THIS AND THE REQUIREMENTS AND INFORMATION FOR THE PROTEIN

CHARACTERIZATION WILL BE SENT TO YOU