Analytical Ultracentrifuge Submission Form

AU Number___________________

For Sedimentation Equilibrium method approximately 125µl solution, Which has 0.2~0.3 unit absorption at the scan wavelength, and 1ml buffer should be provided. For Sedimentation Velocity method approximately 425µl solution, Which has 0.7~0.8 unit absorption at the scan wavelength, and 1ml buffer should be provided. The sample should not be radioactive.

Date____________________ Your Sample ID #________________

Name__________________________ Supervisor________________________

Department________________ Phone #____________ Fax #____________

Mailing Address___________________________ E-mail Address____________

Account or P. O. #________________________

For on campus orders please submit your account number. For off campus orders please submit a purchase order.

Sample Information (fill in all blanks where applicable)

Sample ______________________________ Radioactivity: Yes_______ No________

Sample concentration __________ Ininitial absorbance _____ at __________ mn

Molecular Weight____________ Method : Equilibrium____; Velocity__________

Scan: Radial scan ______ wavelength 1 ______ wavelength 2 ______ wavelength 3 _______

Wavelength scan____ from _____________ to _______________

Sample UV spectra Known Yes_______ No________ (Please Attach)

Buffer:__________________ UV spectra Known Yes_______ No________ (Please Attach)

Signature_________________________

Revolution Counter at begin of run ________________

Active Cell ______________________________

Run parameter________ C°____________ rpm File ______________

________ C°____________ rpm File ______________

________ C°____________ rpm File ______________

Revolution Counter at end of run ________________