

Delivery Address

Customer ID (if known) _____
Company/University _____
Department/Institute _____
Address _____

For the attention of _____
Tel.: _____
Fax: _____
e-mail: _____

Invoice Address (if different)

Internal Order Number _____
Company/University _____
Department/Institute _____
Address _____

For the attention of _____
Tel.: _____
Fax: _____
e-mail: _____

metabion

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Fax: +49(0)89-899 363-11

e-mail: info@metabion.com
http://www.metabion.com

Peptide Order Form

Comments _____ Peptide name _____

Peptide Sequence (N to C terminus):

N-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1	2	3	4	5
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	6	7	8	9	10
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11	12	13	14	15
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	16	17	18	19	20
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	21	22	23	24	25
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	26	27	28	29	30

-C

Scale _____

Purity _____

Additional Service _____



N-terminus: Free Acylated C-terminus: Free Amidated