



DATE: _____

PRINCIPAL INVESTIGATOR: _____ NAME: _____

UCLA CRYSTALLIZATION FACILITY RECHARGE FORM

Cond.	288	576	864	1152	1440	1728	2016	2304	2592	2880
Plates	1	2	3	4	5	6	7	8	9	10
Price	\$40	\$80	\$120	\$160	\$200	\$240	\$280	\$320	\$360	\$400

Number of Drops: 1 2 3
Ratio:
Drop Size:
Temperature: 4°C / 21°C
RNA Sample: Yes / No

Additional Services

Reductive Methylation of Lysine \$200 (contact facility prior to submission)
 Additive Screen \$ 43 Hampton / Emerald Bio / Siver Bullets / Detergent
 Optimization \$ 43 Custom Tray or Microbatch Optimization under Oil

Centrifuge: Y / N Vortex: Y / N Perform in Cold Room: Y / N

40 uL/tray for 3-drop
30-100 uL/tray for 1-drop

Protein Name: _____ Vol. _____

Location	Account (6 digits)	Cost Center (2)	Fund # (5)	DEBIT
TOTAL:				

Approved by Principal Investigator _____
Signature

CRYSTALLIZATION SCREENS

Structure Screen 1+2	Index	CompAS	Wizard 1+2	PACT	PEG/ion 1+2
AmSO4	SaltRx 1+2	Cryos	JCSG+	MPDs	Nucleix
MIDAS	ProComplex	MB Class1	MB Class2	MemGold	OTHER