



**UCLA-DOE
INSTITUTE**

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CRYSTALLIZATION CORE RECHARGE FORM

NAME: _____

DATE: _____

LAB: _____

SAMPLE: _____

VOL: _____

JCSG	PACT	PEG	SS12
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MPDS	SALT RX	AMSO4	WIZARD
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PROPLEX	MEMSTART/SYS	MEMGOLD	HELIX
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PLATES 1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20

	<u>SERVICE</u>	<u>YES</u>	<u>NO</u>	<u>NOTES</u>	<u>QUANTITY</u>
DLS READING	Y		N	30 uL of at least 2mg/mL is required for a reading	_____
ADDITIVE SCREEN	Y		N	96 additives added at 5% of total drop volume	_____
DETERGENT	Y		N	96 detergents added at 10% of total drop volume	_____
OPTIMIZATION	Y		N	Expansion of a condition which has formed crytals	_____
L-METHYLATION	Y		N	Contact beforehand for requirements	_____
3D PRINT	Y		N	Provide PDB code for consultation	_____

	<u>DROP RATIO</u>	<u>COLD ROOM</u>	<u>VORTEX</u>	<u>CENTRIFUGE</u>
PREFERENCES		Y N	Y N	Y N

NEW USER AREA

PRINCIPAL INVESTIGATOR NAME: _____

RECHARGE ID NUMBER: _____

PRINCIPAL INVESTIGATOR SIGNATURE: _____