

Protein Submission Form

Name: _____ **Date:** _____
Phone: _____ **PI/Company:** _____
Fax: _____ **Department:** _____
Email: _____ **Lab location/Address:** _____
Account/PO#: _____ **PI Approval (if required):** _____

SAMPLE INFORMATION

Sample ID(s):	MW(s):
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Protein amount:

- pmol:
 µg:

Sample format:

- Gel – stain:
 Solid
 Solution
Volume:
Concentration:
Solvent/Buffer:

Protein origin (*specify species*):

- Mammal:
 Recombinant:
 Other:

DESIRED ANALYSIS

<input type="checkbox"/> Intact MW	<input type="checkbox"/> LC-MS (analytical scale)	<input type="checkbox"/> Protein digest	<input type="checkbox"/> LC-MS/MS & Database search	<input type="checkbox"/> Other (describe):
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SAMPLE HANDLING

Toxicity:

- Safe
 Toxic
 Extremely toxic

Stability:

- Refrigerate (5° C)
 Freeze (-20° C)
 Unstable in solution
 Other (describe):

DATA RETURN

Results will be sent electronically

FOR LAB USE

RECORD #:
FN:
COL:
METH:
URL:

ACRYLAM IAM
ENZ: 5 10 20
INCUB: 16 24 36 48
INJ: 1 2 3 6 12 18 24
FR REF RT RET DISP

- ENTER:
 DIGEST
 LC-MS/MS
 SEQ/MASC/PL
 COMP: