

SAMPLE SUBMISSION FORM

UCHC PROTEOMICS & BIOLOGICAL MASS SPECTROMETRY CORE

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Please contact Dr. Karim Rezaul for instructions prior to starting experiment

Submission Instructions:

Print a local copy of this submission form and fill it out.
Fax a digital image* of gel and completed form to 860-679-1201 Attn: Karim Rezaul
* To avoid keratin contamination, do not use a gel scanner.

Billing Information:

Investigator:	
Department:	
Telephone:	
Email:	
PI:	
PI email:	
Date:	
FRS Coding:	

Sample Information:

Sample ID	Amount (ug)	Type of Service (GeLC/MS/MS, SILAC, AQUA, etc)	Protein Source (Organism, tissue, cell)	Type of Protein (Cytosolic, membrane, secreted, etc)	Fee*
* Basic Service Fee: \$300/gel band					Total:

Please describe purification procedure, indicating the use of salts and detergents:

Your signature below confirms your agreement to pay for services rendered:

Signature

Date