



Keck MS & Proteomics Resource Laboratory

Protein & Protein Post translational Modification Identification Sample Submission Form

Order Date:

| | | | |
|----|----|----|--|
| | | | |
| MM | DD | YY | |

 Net ID: _____ PI Net ID: _____

Your Name: _____ Last Name _____ First Name _____ MI _____

PI Name: _____ Last Name _____ First Name _____ MI _____

Department: _____ Yale Cancer Center Member? YES NO

Room #: _____ Building: _____

Telephone: () - - Fax: () - - E-mail: _____

PI E-mail: _____

Yale Charging Instructions:

| Project | Task | Award | Expenditure Type | Organization |
|---------|------|-------|--------------------|--------------|
| | | | 8 3 3 6 2 0 | |

Does this order require split-charging? [] YES
 (Please provide at least one PTAE0 and our Business Office will contact you for additional PTAE0s)

Check here if NBC Member

| Description of samples in MIAPE* format | | | | |
|---|---|---|---|---|
| Sample # | 1 | 2 | 3 | 4 |
| Sample Name | | | | |
| Sample Buffer | | | | |
| Organism | | | | |
| Tissue | | | | |
| Estimated Total µg | | | | |
| Estimated Total pmol | | | | |
| solution (Vol) or Dry | | | | |
| MW (if known) | | | | |
| Special precautions | | | | |
| Biohazard | | | | |
| Radioactive | | | | |
| Accession # of suspect protein (if known) | | | | |
| Digestion Required? | | | | |
| enzyme | | | | |
| Sample Description | | | | |
| Special Processing | | | | |
| TiO2 enrichment | | | | |
| phosphotyrosine | | | | |
| Other PTM | | | | |

*The Minimum Information about a Proteomics Experiment

Other information: _____

