



Keck MS & Proteomics Resource Laboratory

SILAC Protein Profiling 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

Sample #	SILAC 1		SILAC 2		SILAC 3		SILAC 4	
	heavy	Light	heavy	Light	heavy	Light	heavy	Light
Sample Name								
Heavy label								
Sample Buffer								
Organism								
Protein mg/ml								
AAA requested								
Volume ul								
Total sample ug								
Tissue								
Cell type								
Cell line								
Developmental Stage								
Sex								
Special Processing								
Sample Description								

Other information: _____

