Proteomics Core Sample Submission Form

Samples will not be analyzed unless accompanied by a completed sample form!

Who will receive bill	
Name: _____	Title: _____
Address: _____	Email: _____
_____	Phone: _____

Who will receive data ☐ Check if same	**Who prepared the sample** ☐ Check if same
Name: _____	Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

Services being requested:

- ☐ **LC/MS on Q Exactive**
  - ☐ LC/MS Full Service
    - Digestion
      - ☐ In-solution
      - ☐ In-gel per band
    - Advanced Data Analysis Packages
      - ☐ Quantitation Service
      - ☐ Pathway Analysis
  - ☐ LC/MS Intermediate Service
  - ☐ LC/MS Limited Service (raw files)
  - ☐ Phospho proteomics (TiO2)
- ☐ **Bruker MALDI Imaging MS**
- ☐ **Agilent Bioanalyzer**
- ☐ **WAVE**
- ☐ Deuterium Exchange MS (DXMS)
- ☐ SDS-PAGE gel
- ☐ Bioinformatics Consultations

Fee Agreement

By signing below I agree to the fee schedule. Applicable charges will be billed to the account/cost center listed below. I agree to credit the Proteomics Core of the COBRE Center for Cancer Research Development for any work published that results from the services provided by the Core.
Please reference the following statement:
"Research reported in this publication was supported by the Proteomics Core of the COBRE Center for Cancer Research Development, funded by the National Institute of General Medical Sciences of the National Institutes of Health under Award Number ***P20GM103421****, previously P20RR017695. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health."*

PI Name (please print clearly): _____

Signature: _____ **Date:** _____

Department: _____ **Cost Center/Account to bill:** _____

Please return, email (cmarshall@lifespan.org) or **FAX** a signed copy to the Core at **401-793-8908**

Proteomics Core Sample Submission Form

Sample #	What is written on the tube
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Description of Sample:

Nature of sample: _____

Sample species: _____
Please attach Preparation protocol (Complete)

Samples provided as:

Buffer Composition and pH of sample: _____

Biohazard/Chemical hazard information (Attach copy of MSDS if appropriate):

What comparisons should be made in the analysis:

For office use only

Location of sample_____ Person responsible for sample_____

Date data was given_____ Data File Name_____

Experiment #_____