



CCRD Proteomics Core Sample Submission Form-2021

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
 same

Name: _____
 Email: _____
 Phone: _____

Who prepared the sample Check if

Name: _____
 Email: _____
 Phone: _____

Services being requested:

- Protein/peptide identification from sample by LC-MS/MS analysis
- Protein peptide identification from SDS-PAGE gel by LC-MS/MS analysis
- LC-MS/MS full service (Protein/peptide identification and quantification, and comparison of sample/group A vs group B)
- Phospho Proteomics analysis (S, T, Y)
- Phospho Tyrosine Proteomics analysis (Y): Immuno precipitation of pTyr peptides
- Other post-translational modification (Includes the Name)

- LC/MS Technical Run/sample
- Bioinformatics Consultation



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 (Pbertone@lifespan.org or bertone@brown.edu) or **FAX** a signed copy to the Core at **401-793-8908**

Name of the samples:

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 (Common and Scientific name): _____

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 # _____