

Proteomic Sample Submission Form

PI Name \_\_\_\_\_ Department \_\_\_\_\_

Funding Source: PPG \_\_\_\_\_ COBRE \_\_\_\_\_ Grant # \_\_\_\_\_

Sample type: Plasma Tissue Other: \_\_\_\_\_ Species \_\_\_\_\_ Volume: \_\_\_\_\_

Lysis buffer used \_\_\_\_\_ Email: \_\_\_\_\_

Samples must be arranged on rack in order listed below.

Samples can NOT contain radioisotopes.

Keep a copy of this worksheet for your own records.

Assay Lab Only	Sample ID	Comments
_____ 1	_____	_____
_____ 2	_____	_____
_____ 3	_____	_____
_____ 4	_____	_____
_____ 5	_____	_____
_____ 6	_____	_____
_____ 7	_____	_____
_____ 8	_____	_____
_____ 9	_____	_____
_____ 10	_____	_____
_____ 11	_____	_____
_____ 12	_____	_____
_____ 13	_____	_____
_____ 14	_____	_____
_____ 15	_____	_____
_____ 16	_____	_____
_____ 17	_____	_____
_____ 18	_____	_____
_____ 19	_____	_____
_____ 20	_____	_____
_____ 21	_____	_____
_____ 22	_____	_____
_____ 23	_____	_____
_____ 24	_____	_____

**ASSAY LAB ONLY**

Date Received: \_\_\_\_\_

Date Assayed: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

**Required Volumes:**

Tissue: 600ug

Plasma: 15ul

**Additional Comments:**