

SUN LAB SAMPLE SUBMISSION FORM

Sample ID:	Submitter:
Number of samples:	Budget #:
Date of submission:	Email:
Supervisor or Organization:	Phone:

Service Required (please circle/check all applicable):

Sample type:

- ☐ Total Cell lysate
 ☐ Membrane
 ☐ Nuclear
 ☐ Cytosolic fraction
 Cell type: _____
- ☐ Total tissue lysate
 ☐ Membrane
 ☐ Nuclear
 ☐ Cytosolic fraction
 Tissue type: _____
- ☐ IP product
- ☐ Protein crosslinking

Sample species

- ☐ Human
 ☐ Mouse
 ☐ E. Coli
 ☐ Others, please specify: _____

Purpose of analysis:

- ☐ Protein ID
 ☐ Protein modification
 ☐ Protein interactome
 ☐ Absolute protein quantitation (PRM)
- ☐ Discovery based protein ID
 ☐ Discovery based relative protein quantitation (Labeling: ☐ ICAT, ☐ SILAC, ☐ iTRAQ, ☐ TMT, ☐ others, please specify: _____; ☐ Label free)

Sample Info:

1. Raw tissues and cells? Yes: No:
2. Extracted proteins? Yes: No:
3. Digested peptides? Yes: No:
4. Purified and digested peptides: Yes: No: If yes, please specify types of purification: _____
5. Quantity of sample (ng):
6. Volume of sample (ul): If in solid form, fill "0" here
7. If in solution, buffer composition of the sample: