



Sample submission form for protein identification and posttranslational modification analysis by LC/MS/MS

Mailing address: Tufts University Core Facility, Physiology Dept., Stearns Bldg. Room 808, 136 Harrison Ave, Boston, MA 02111
617-636-2407, website: proteomics.med.tufts.edu, email: tucf-proteomics@tufts.edu

CONTACT NAME: _____ **DATE:** _____

EMAIL: _____
(reports will be sent to this address)

PI NAME: _____ **Phone #:** _____

SAMPLE SPECIES: HUMAN BOVINE RODENT ECOLI YEAST **OTHER:** _____

Email any specific protein sequences to search to tucf-proteomics@tufts.edu and check this box to let us know you are sending them

	<u>MW</u>	<u>ESTIMATED AMOUNT (fm, pm, ng, or µg)</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____

**Include a band from a blank area of gel, label the vial and list it above as "gel blank". No charge for analysis of gel blank.*

SAMPLES DIGESTED? NO YES: **ENZYME:** _____ **GEL STAIN:** _____ 1D 2D GEL?
LIQUID SAMPLES NOT ACCEPTED

SAMPLE COMMENTS: _____

PAYMENT METHOD (COMPLETE AS APPROPRIATE, A PAYMENT METHOD MUST BE LISTED FOR WORK TO BEGIN ON SAMPLES):

COMPANY NAME: _____

P.O. # / CREDIT CARD#: _____ **EXP:** _____ **SECURITY CODE (BACK OF CREDIT CARD)** _____

SHIPPING ADDRESS: _____

BILLING ADDRESS: _____

TUFTS USERS: **DEPT ID#** _____ **PROJ/GRANT#** _____

NEMC USERS: **COST CENTER #:** _____; **DEPT:** _____; **BOX #:** _____

FACILITY USE ONLY: **PO4?** **OTHER?** | **ZIPTIP?:** _____ | **Enzyme:** TRYPSIN 1/2 TRYPSIN CHYMO _____

DATE _____ **# SAMPLES:** _____ **@ CODE:** _____ **TOTAL: \$** _____ | **DATE** _____ **# SAMPLES:** _____ **@ CODE:** _____ **TOTAL: \$** _____

DATE _____ **# SAMPLES:** _____ **@ CODE:** _____ **TOTAL: \$** _____ | **TOTAL FOR ALL LISTED ANALYSIS: \$** _____