



Keck Biotechnology Resource Laboratory

Yale Protein Digestion/Identification Sample Submission Form

Order Date:

MM	DD	YY	

Your Name: _____
Last Name First Name MI

PI Name: _____
Last Name First Name MI

Department: _____ Yale Cancer Center Member? YES NO

Room #: _____ Building: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____ E-mail: _____

Yale Charging Instructions:

Project	Task	Award	Expenditure Type	Organization
			8 3 3 6 2 0	

Check here if NBC Member

Description of Samples

Name (6 letter maximum)	Source (human, yeast, etc).	Estimated Amount		Monomer Mass (kD)	%CHO (w/w)	Biohazard? ¹	Radioactive? ¹	If gel sample, give:	
		µg	pmol					Gel thickness (mm)	% Polyacrylamide

Services Requested²: Please Check Which Services Are Desired

Name	Protein Identification			HPLC on remaining sample followed by peptide sequencing (≥ 5 pmol recommended)
	MALDI/Peptide Mass Search (≥ 0.1 pmol recommended)		LC MS/MS analysis (> 5 fmoles recommended)	
	~5% aliquot	Larger aliquot – please indicate %		

¹ If sample is a biohazard, please explain below. Contact the Protein Chemistry Section *before* shipment of radioactive samples.
² The Keck Facility reserves the right to determine which analysis services are most appropriate. Please ensure that the %aliquot used for each analysis contains at least the minimum recommended amount as indicated above. The Keck Facility recommends that SDS PAGE purified samples destined for protein identification/internal Edman sequencing be submitted as Coomassie Blue (not silver) stained gel bands as described on the Website.

How many weeks would be required to replace these samples?: _____

Buffer Volume/composition; Precipitation Method; Special Requests; Other information: _____
