



Keck Biotechnology Resource Laboratory at Yale U.

Yale Isotope Coded Affinity Tag (ICAT) Sample Submission Form

(Radioactive Samples Cannot Be Accepted)

Request Date:

MM	DD	YY	

Your Name: _____
Last Name
First Name
MI

PI Name: _____
Last Name
First Name
MI

Department: _____

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

Sample Name (6 letter max)	Analysis Level (1, 2, or 3) ¹	Source (human, yeast, etc).	Cell type (tumor, tissue, serum, cell culture, etc).	Sample Type ²	[Protein] ³ (mg/ml)	Sample Volume (ul)	Sample Amount ⁴ (ug)
				Control			
				Experimental			
				Control			
				Experimental			
				Control			
				Experimental			
				Control			
				Experimental			

¹ Level 1 – sample should have 1-10 proteins and will involve 1 cation-exchange fraction
 Level 2 – sample should have <100 proteins and will involve 12 cation-exchange fractions
 Level 3 – sample should have >100 proteins and will involve 36 cation-exchange fractions
² This sample should contain equal amounts of the control and experimental samples.
³ Hydrolysis/amino acid analysis will be performed on both the control and experimental samples prior to labeling
⁴ The control and experimental samples should each contain 100 ug total protein.

Does the sample represent a biohazard? _____ **If so, fully describe the biohazardous material below.**

 If samples are submitted in solution please give the composition of the buffer:

 If samples are submitted dry, give the method of precipitation or the volume and composition of the buffer that was dried:

 Other information about the above samples/special requests:

