



INDIANA UNIVERSITY

PROTEOMICS CORE FACILITY

SCHOOL OF MEDICINE

Sample Submission Form

Customer:
Investigator: _____

Date: _____

Phone: _____

Fax: _____

E-mail: _____

Submitted By: _____

Institution: _____

Account number: _____

Address: _____

City: _____

State: _____

Postal Code: _____

Project Number _____
[For Office Use Only]

Customer Project Ref. Number or Name _____

Samples [radioactive materials will NOT be accepted]:

Sample ID (6-digit max)	Biological source (yeast, human, etc.)	Estimated amount (µg)	Form (solution, gel, gel-type, stain, etc.)	Estimated Molecular Weight	pI (if known)

Biohazard? Yes No If yes, please explain: _____

Sample is dissolved in: _____ Sample is soluble in (e.g. MeOH): _____

Target protein in database? Yes No Unknown If yes, DB entry or Gene Symbol: _____

Buffer Conditions: _____

Research Goal(s)



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Services (please check all that apply):

- Protein Identification (gel plug; gel band, IP) Protein Identification (complex mixture)
- MudPIT Database Search Data Analysis (only) Top-Down Analysis
- Label-free Quantitative Mass Spec & Statistics ICAT TMT/iTRAQ other quant.
- Plasma/Serum Abundant Protein Depletion Phosphoproteome analysis ZipTip
- MRM Assay Development MRM-based Assay
- IMAC/TiO₂ PTM Analysis
- Ubiquitylome analysis ELISA
- Other

90 Day Sample Disposal (Please Check ONE)

- Dispose by the Proteomics Core Return remainder to client

Policy Regarding Publications and Grant Writing. All work performed in or by our facility should be appropriately acknowledged. Please add the following to the acknowledgments: "Mass spectrometry (or other services/ support) was provided by the Indiana University School of Medicine Proteomics Core Facility". If manuscript writing and data interpretation are requested, co-authorship should be granted. In addition, two reprints of all publications are requested that include data generated by the Core for our records. A notice of grants awarded should also be shared with us when appropriate. This will assist the core in documenting successful activities and aids in gaining funding to maintain and upgrade the resources in the core.

Disclaimers:

I have read and understand the above policies regarding intellectual property and publications/grant writing.

Client's Signature: _____ Date: _____

Indiana University Proteomics Core

Client

By: _____
Authorized Representative

By: _____
Authorized Representative

Name: Amber L. Mosley, Ph.D.

Name: _____

Title: Core Director

Title: _____

Date: _____

Date: _____