



Keck Biotechnology Resource Laboratory

Yale Protein Sequencing Sample Submission Form

(Radioactive Samples Will Not Be Accepted Without Prior Approval)

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

Sample #	1	2	3	4
Sample Name				
Biological Source (if appropriate)				
Estimated Total Amount (µg)				
Estimated Total Amount (picomole)				
Total Volume (µl)				
Monomer Mass (Da)				
Form (PVDF, solution or dry)				
Radioactive?				
Isotope/cpm				
Biohazard? (If yes, explain below)				

Requested Services (check all services requested on each sample)

Amino Acid Sequencing				
Number of Cycles				

E-mail **Sequencing** Results? (Check if Yes):

If samples are submitted in solution please give the solvent/buffer - use a separate form if different samples are in different solvents. If s

If samples are submitted dry please give the method of precipitation or the volume/composition of the buffer/solvent that was dried: If s