



Yale MS & Proteomics Resource

Yale Intact Protein MW Determination Sample Submission Form

(Radioactive Samples Will Not Be Accepted)

Order 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:

Charge of Accounts

Company Code	Grant/Gift/Yale Des.	Cost Center	Program	Project	Assignee

Description of Samples

Sample #	1	2	3	4	5
Sample Name					
Biological Source (if appropriate)					
Sample condition (solution or dry)					
<i>If solution</i> , what is the Solvent or buffer compositions? and estimated sample concentration (μM)					
<i>If dry**</i> , estimated Total Amount (μg)					
Radioactive? (Yes or No)					
SWISSPROT Accession (if known)					
Biohazard? (If yes, explain)					
Expected MW (specify Monoisotopic or Average)					

Additional comments:

**If samples are submitted dry please give 1) the method of precipitation, 2) the volume/composition of the buffer/solvent that the sample was dried from, and 3) the solvent that the compound is soluble in:
