



Yale MS & Proteomics Resource

NonYale 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

Organization: _____

Address: _____

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

Charging Instructions (<http://keck.med.yale.edu/about/invoicing.aspx>): Please indicate type here: _____

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 (μ M)					
<i>If dry**</i> , estimated Total Amount (μ g)					
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:
