

# LSU HSC Proteomics Core Facility

## Electrophoresis Sample Submission Form

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

Your Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

PI Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

Department: \_\_\_\_\_ institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Billing information: (Fill only the one that applies)

LSUHSC Account Number: \_\_\_\_\_

P.O./Check (Billing address: \_\_\_\_\_)

\* Fill out the following table or attach the essential sample information to this form.

Sample Name	Estimated Amount (µg)	Service: (check out any appropriate boxes)					Sample Origins
		1-D gel	2-D gel	Staining method**	2-D gel and protein ID by MS	Other inquiry	

\*\* B: Coomassie Blue, S: Silver, R: Sypro Ruby

For Core Facility Personnel only: (Initial your last name)

Log in the sample log \_\_\_\_\_ Quantity (#) of Samples \_\_\_\_\_

1-D gel     2-D gel     Staining method \_\_\_\_\_     2-D gel plus MS

Other inquiry \_\_\_\_\_

Result report     Billing