

Proteomics Core

Sample Submission Form

Date:					
Name:					
PI Name:					
Department:					
Institution:					
Telephone:					
Email:					 _
Billing Informati	on (LSUHSC Acco	ount Number	or PO / Checl	k):	
Sample Descript	ion and Services	Desired:			
Core Personnel	Only:				
Log Identificatio	n Number:	_			
Quantity and W	ork Performed:				