DALHOUSIE UNIVERSITY
Inspiring Minds

Proteomics Core Facility: Sample Submission Form

Request	
	Internal use

Submission Date (yy-mm-dd)	**Principal Investigator**	**#**	**Contact person**	**#**
DAL Account #	**Email**	**Phone**	**Address**	

Sample information: Label samples in numerical order (ID#) and complete this table.
For gels, each gel band should have its ID#

ID#	Label	Species	MW pI	Amount mg-fmol	Comments

Invoice Detail

Description	Unit Price ($)	Units	Subtotal ($)
		TOTAL	

Sample prep-Digestion	Plate #	MS acquisition	Report	Invoice

For further information contact: Dr. Alejandro Cohen Tel: (902) 494-8359 proteomics@dal.ca