



Sample submission form v2.0

Contact information

Name: Institution:
Email: Dept.:
Phone: Group Leader:
Billing address:

Sample information

Please describe your sample as much as you can. The more we know the better we can define the analysis.

Sample(s) name: Sample format: Gel band or spot IP/Co-IP
Lyophilised Pull down
In-solution

General description of sample(s):
(For IP/Co-IP/Pull down sample, please give information about the used kit, TAG or antibody, beads type and amounts, etc..)

Number of samples: Taxonomy:
Gel sample: Staining method: Expected MW (kDa):
(Please enclose a scan of your gel):
In-solution sample: volume (µl): Concentration: storage temp.:
Buffer composition:

Additional information (optional)

(E.g. expected or known modifications, potential contaminants, sample preparation description, purification history, etc...)

Type of analysis

(Describe what you want to know about your sample and the requested service)

