



Carolinan HealthCare System

Proteomics and Mass Spectrometry Core

Location: Cannon Research Center, Room 509

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SAMPLE SUBMISSION FORM

Lab Information:

Investigator:
Department/Institute:
Telephone:
Date:

Billing Information:

PI Name:
Billing Address:
Cost Center or PO#:

Sample Information:

Type of Sample Gel or Solution (Staining / Buffer)	Sample# Band/Spot	Types of Service Basic (In-gel) or other	Protein Source Organism name, tissue or cell type	Type of Protein Cytosolic, membrane, secreted, etc	Fee For Admin.

* Basic Service Fee: \$200/gel band for Internal Submission (x2 for external).

Estimated Total:

** Does these samples contain hot radioisotope?

Yes

No

Please describe purification procedure, indicating the use of salts and detergents:

Submission Instructions:

Basic Service: Email this submission form to Kimberly McKinney

For Collaboration, please contact Dr. Sunil Hwang directly at sunil.hwang@carolinas.org

*** To avoid keratin contamination, do not use a gel scanner.

Your signature below confirms your agreement to pay for services rendered:

Signature

Date

For Administrative Use Only:

Sample Serial #		Date Received:	
Analyzed by:		Date Released:	