

Sample Submission Form General Samples

Name:

Date Submitted:

Email:

Number of Samples:

PI:

PI Email:

***Note: Payment info must be on file
before samples will be analyzed!**

User Type:
(Select one)

NU

CBC

Ext.NFP

Industry

Form of Payment:

(Select one)

PO

PCE Grant

Chartstring

Sample Origin/Type/Species:

(e.g., mouse liver tissue, human cell line, etc.)

Amount/Concentration:

Buffer Components:

(e.g., salts, detergents, pH etc.)

Type of Analysis/Purpose:

(e.g., protein ID /quantitation/metabolomics)

Notes/Comments about samples:

INTERNAL USE ONLY

Redmine Issue #:

Sample Location:

Sample?

Bkg. Info?

Billing?

Staff Lead: