Northwestern University Proteomic Core

Sample Submission Form

We encourage discussing the project with us before submitting samples. For first time users, we strongly encourage that you read the “Proteomics sample preparation guidelines” before submitting samples. Please contact us (Telephone: 847-467-0896 or Email: proteomics_core@northwestern.edu) to schedule an appointment if you have any questions or would like to discuss the project.

Instructions: Please fill out this form completely. Then PRINT it using the print feature in your web browser. Forms must be SIGNED by the PI and business administrator, responsible for the chart string listed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>NU Net ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Email</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Department</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Core Facility</th>
<th>Chart String (Fund-Dept-Project-Activity-Account)</th>
<th>Chart String End Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proteomics core</td>
<td></td>
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</tbody>
</table>

APPROVAL: PI
The individual designated above may incur core facility charges on the chart string listed on this form. I understand that it is my or my designee’s responsibility to notify the Core Facility when an individual leaves my lab or is no longer authorized to spend on my chart string.

<table>
<thead>
<tr>
<th>Name of faculty member</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

Signature of Faculty Member

APPROVAL: Chart String Business Administrator
The chart string listed on this form is valid, has budget code 75000 (Services) open, and may incur core facility charges through the end date listed on this form.

Name of Business Administrator:

Signature of Business Administrator
<table>
<thead>
<tr>
<th>Sample type</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Service requested</td>
<td>(Describe briefly what you expect from us)</td>
</tr>
<tr>
<td>Biological Source (i.e. human, mouse, E. coli etc.)</td>
<td></td>
</tr>
<tr>
<td>Sample Source (i.e. tissue, cell line, sub cellular fraction etc.)</td>
<td></td>
</tr>
<tr>
<td>Staining method (Please mention if commassie blue was made in-house or commercial. Contact us before submitting silver stained gels)</td>
<td></td>
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<tr>
<td>Buffer composition (if sample is denatured, please provide complete information including denaturation protocol. If detergent is present contact us before submitting the sample)</td>
<td></td>
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<tr>
<td>Concentration of sample (µg/µl)</td>
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<tr>
<td>Volume of the sample</td>
<td></td>
</tr>
<tr>
<td>Number of samples</td>
<td></td>
</tr>
</tbody>
</table>
The sample should be labeled as follows:

DATE IN NUMERICALS_YOUR FIRST TWO INITIALS_PI’s FIRST TWO INITIALS_NUMBER

**EXAMPLE:** Mr. North. W. Eastern submits four sample from Dr. South Western’s lab on January 25th 2011 he labels his tubes as: **01252011_NE_SW_01........ 01252011_NE_SW_04**

**CONTACT INFORMATION**

Core facility Director: Dr. Dhaval M. Nanavati, Pancoe-1119, 2205 Tech drive, Evanston, 60208
Email: proteomics_core@northwestern.edu, Phone number: 847-467-0896

**SHIPPING ADDRESS**

Attention: Dr. Dhaval Nanavati
Silverman Hall, Room 550B
2145 Sheridan Road,
Evanston, IL 60208