



CCRD Proteomics Core ELISA Sample Submission Form-2021

Samples will not be analyzed unless accompanied by a completed sample form!

Who will receive bill

Name: _____

Title: _____

Address: _____

Email: _____

Phone: _____

Who will receive data Check if same

Who prepared the sample Check if same

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Services being requested:

ELISA

Number	Protein of Interest/Antibody	Vendor name and Cat. No
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



Samples description:

Sample #	What is written on the tube	Sample #	What is written on the tube
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

Description of Sample:

Nature of sample: _____

Sample species (Common and Scientific name): _____

Please attach Preparation protocol (Complete)

Samples provided as:

Buffer Composition and pH of sample: _____

Biohazard/Chemical hazard information (Attach copy of MSDS if appropriate):

What comparisons should be made in the analysis:



Fee Agreement

By signing below I agree to the fee schedule. Applicable charges will be billed to the account/cost center listed below. I agree to credit the Proteomics Core of the COBRE Center for Cancer Research Development for any work published that results from the services provided by the Core.

Please reference the following statement:

*“Research reported in this publication was supported by the Proteomics Core of the COBRE Center for Cancer Research Development, funded by the National Institute of General Medical Sciences of the National Institutes of Health under Award Number **P20GM103421**, previously P20RR017695. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.”*

PI Name (please print clearly): _____

Signature: _____ **Date:** _____

Department: _____ **Cost Center/Account to bill:** _____

Please return, email (Pbertone@lifespan.org or bertone@brown.edu) or **FAX** a signed copy to the Core at **401-793-8908**

For office use only

Location of sample _____ Person responsible for sample _____
 Date data was given _____ Data File Name _____
Experiment # _____