



Keck Biotechnology Resource Laboratory at Yale U.

Yale Multiplexed Isobaric Tagging Technology (iTRAQ™) Sample Submission Form

(Radioactive Samples Cannot Be Accepted)

Request Date:

MM	DD	YY

Your Name: _____
Last Name First Name MI

PI Name: _____
Last Name First Name MI

Department: _____

Room #: _____ Building: _____

Telephone: () - - Fax: () - - E-mail: _____

Yale Charging Instructions:

Project	Task	Award	Expenditure Type	Organization
			8 3 3 6 2 0	

Please check here if you are a member **NHLBI** **NIDA** **NBC**

Sample Name (6 letter max)	iTRAQ Labeling (2-plex, 4-plex, or 8-plex)	Source ¹ (human, yeast, etc).	Cell type ² (tumor, tissue, serum, cell culture, etc).	Sample Type ³	[Protein] ⁴ (mg/ml)	Sample Volume (ul)	Sample Amount ⁵ (ug)
				Sample 1			
				Sample 2			
				Sample 3			
				Sample 4			
				Sample 5			
				Sample 6			
				Sample 7			
				Sample 8			

¹ Specify if sample is from Human Stem Cell, specify name of cell line, and whether it is NIH-approved Human Stem Cell line.

² Serum/Plasma will be depleted prior to labeling

³ Samples should contain equal amounts of the control and experimental samples.

⁴ Hydrolysis/amino acid analysis will be performed on all samples prior to labeling

⁵ The control and each experimental samples should each contain 50-100 ug total protein.

Does this sample represent a biohazard? _____ If so, fully describe the biohazardous material below.

If samples are submitted in solution please give the composition of the buffer:

Recommended buffer is 1 M triethylammonium bicarbonate, pH 8.3

If samples are submitted dry, give the method of precipitation or the volume and composition of the buffer that was dried:

Other information about the above samples/special requests:
