

SILAC submission form**Customer Information:**

Contact Name: _____

Group: _____

Phone: _____

Address: _____

Fax: _____

E-mail: _____

Sample Information:

Sample name: _____

Heavy amino acids: ^4K ☐ ^6K ☐ ^8K ☐ ^4R ☐ ^6R ☐ ^{10}R ☐ Others _____

General sample description: _____

Sample format:Solid : ☐ 1D or 2D gel piece (Enclose a picture/scheme of your gel) ☐ lyophilisedIn solution sample: ☐; Volume: _____Solution composition*: _____

* Depending on sample purity and solution composition an additional cleaning process might be required.

Sample details:

Estimated amount: _____ (µg or Mol)	Organism: _____
Suspected modification (if any): _____	Estimated Mw: _____
Biohazard (if any, describe): _____	
Additional sample information (optional): 	

Required Post-Data treatmentK and/or R incorporation, R to P conversion validation ☐Quantitation results ☐

Signature: _____

Date: _____