



Sample Submission Form


**STONY BROOK
UNIVERSITY
MEDICAL CENTER**

Date:

Name:

Lab:

Grant#:

Telephone:

Email:

Sample Name(s):

Protein: Peptide: Small molecule: Gel:

Description of Analysis:

Sample Buffer:

pH:

Addition of the following items to the sample can negatively influence the outcome of the experiment:

Salt: Yes No

Detergent: Yes No

Glycerol: Yes No

BSA/Serum: Yes No

Did you use glassware during the preparation of the sample? Yes No

Other:

Signature: