

**Protein Microcharacterization Facility**  
**Building 101, Room F0-12**  
**Submission Hours: Monday-Friday 9 AM - 4 PM**  
Phone: 541-5108 (Katina Johnson)  
541-2265 (Jason Williams)

**Sample Submission Form for Protein Identification**

Upon receipt, facility personnel will contact you to arrange for imaging and submission.

Name:

Date:

PI Name:

Description of Samples: (please enter each gel on a separate line, start each line with gel ID)

Note: Ideally, proteins should be reduced and preferably alkylated prior to running SDS PAGE.

One lane of the gel should contain MW markers (please don't use prestained markers) for internal quality assurance.

Are these samples a biohazard? (Y/N):

If Yes, Please Explain:

Manufacturer and Type of MW marker used: