

Sample Submission Form

date:

codes:

Contact Information

Name:

Group:

University/Institute:

Address:

E-Mail:

Phone:

remarks, special requests:

e. g. kind of statistical analyses; known problems

Sample Information

send this form together with additional gel pictures or western blot to michael.stumpe@unifr.ch; samples should be send frozen

#	label on tube	type of analysis	species	short decription	additional information (e. g. protein concentration, buffer composition, amount of beads...)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					