

Sample Submission Form
Immunoprecipitation Samples

Name:		Date Submitted:	
Email:		Number of Samples:	
PI:		PI Email:	
<p>*Note: Payment info must be on file before samples will be analyzed!</p>		<p>User Type: NU CBC Ext.NFP Industry (Select one)</p>	
<p>Form of Payment: PO PCE Grant Chartstring _____ (Select one)</p>			
<p>Sample Origin/Type/Species: (e.g., mouse liver tissue, human cell line, etc.)</p>			
<p>Concentration (if measured):</p>			
<p>Bead Type: (Agarose/Magnetic)</p>		<p>Crosslinked?</p>	<p>Antibody Isotype: (e.g. Mouse IgG2a)</p>
<p>Lysis Buffer:</p>			
<p>Wash Buffer 1:</p>			
<p>Wash Buffer 2:</p>			
<p>Elution Buffer:</p>			
<p>Additional Comments</p>			
<p>INTERNAL USE ONLY</p>			
<p>Redmine Issue #:</p>		<p>Sample Location:</p>	
<p>Sample? Bkg. Info? Billing?</p>		<p>Staff Lead:</p>	