

# SAMPLE SUBMISSION FORM

## Protein Electrophoresis / Fractionation

### Proteomics Centre

University of Konstanz, Universitätsstraße 10, 78457 Konstanz, Room ML511, Tel.: 5306

Customer Identification	
Name:	Date:
Group:	Phone:
Dept.:	E-mail:
Sample Identification	Center internal ID:
Sample name (as written on vial):	
Sample format: <input type="checkbox"/> solid <input type="checkbox"/> liquid	
Concentration / Amount:	Calculated MW (Da):
Sample composition (salts, buffers etc.):	
Analysis requested	
HPLC	
<input type="checkbox"/> micro <input type="checkbox"/> analytical <input type="checkbox"/> semi-preparative	
Gel Electrophoresis	
1D: <input type="checkbox"/> mini <input type="checkbox"/> midi	
2D: <input type="checkbox"/> 7 cm <input type="checkbox"/> 17 cm <input type="checkbox"/> pH 4-7 <input type="checkbox"/> pH 5-8	
Protein Staining: <input type="checkbox"/> Coomassie	
Data Evaluation: <input type="checkbox"/> Delta2D	
Protein Fractionation	
<input type="checkbox"/> GELFrEE 8100	

Signature: \_\_\_\_\_