Please fill out form as completely as possible; multiple pages are fine. Contact MSL staff at [ans@ku.edu](mailto:ans@ku.edu) with questions.

|  |  |
| --- | --- |
| Date Submitted |  |
| Submitter Name |  |
| Submitter email |  |
| Notebook reference |  |
| PI name (and institution if other than KU) |  |
| PI email |  |

|  |
| --- |
| Describe the experiment goals (i.e., what results are you expecting to obtain): |
|  |

**Sample Information (if submitting more than two samples, please add more numbers and fill out each section for each sample submitted)**

|  |  |
| --- | --- |
| Sample(s) to be returned? | Yes No |
| Names of sample(s) submitted: as labelled on the tube | 1)  2) |
| Sample volume(s) | 1)  2) |
| Sample concentration(s) | 1)  2) |
| Amino Acid Sequence(s) | 1)  2) |
| Please indicate buffer/solvent that the sample was delivered in: | 1)  2) |
| Have we run this sample(s) before? | Yes No  Date or file name of previous sample(s) run: |
| Does your sample(s) have known solubility issues? | Yes No Unknown |
| Does your sample(s) contain disulfide bonds? | Yes No Unknown |
| Does your buffer contain a reducing reagent (DTT, BME, TCEP, etc)? | Yes No |
| Does your sample(s) contain other PTM’s? | Yes No Unknown |
| Please detail known/suspected PTMs or solubility issues: |  |
| Purification status of the sample (mark all that apply): | Affinity SEC IEX HIC  other (please specify): |
| Special instructions, storage conditions, notes, or chromatographic conditions: |  |