

Please forward this form after providing the required information directly to [bio-bcsekretariat@fau.de](mailto:bio-bcsekretariat@fau.de)

**Prof. Dr. Uwe Sonnewald**  
(Head of the Department)



Lehrstuhl Biochemie  
Department Biologie - Universität Erlangen-  
Nürnberg  
Staudstr. 5  
91058 Erlangen  
Germany

Phone: +49-9131-8528255  
Fax: +49-9131-8528254  
Email: [uwe.sonnewald \(at\) fau.de](mailto:uwe.sonnewald@fau.de)

## Sample(s) Submission Form (v1.2)

### **Personal Information:**

Sub-project Nr. (members of SFB-796) \_\_\_\_\_

Non-SFB academic members:  FAU  Non-FAU members

Non-academics members:  Company \_\_\_\_\_

Principle Investigator (PI): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Billing Address (if different from above):**

Billing Reference: \_\_\_\_\_

Address: \_\_\_\_\_

### **Sample Information:**

Sample Type:  Gel-band  CoIPs  Pellet  Other \_\_\_\_\_

Your CoIPs is:  on beads  Eluted \_\_\_\_\_

Number of Samples (including replicates): \_\_\_\_\_

Staining method (in-case of gel-bands):  Coomassie  Silver nitrate  Other \_\_\_\_\_

Buffer composition (in which sample is provided): \_\_\_\_\_

Buffer pH: \_\_\_\_\_ Storage:  RT  4°C  -20°C  -80°C

Sample are transported/shipped on:  Ice  Dry-ice  Liq. N<sub>2</sub>  RT  Other \_\_\_\_\_

Amount of protein in each sample: \_\_\_\_\_

### **Protein(s) Information (in-case of known/expected protein):**

Protein(s): \_\_\_\_\_

Accession Nr(s). \_\_\_\_\_

MW: \_\_\_\_\_ Modifications (if any): \_\_\_\_\_

Organism:  Human  Mouse  Arabidopsis  Other(s) \_\_\_\_\_

Tissue/organ/cells: \_\_\_\_\_

Treatment of samples/Experimental details:

Date of sample preparation: \_\_\_\_\_ Date of sample submission: \_\_\_\_\_

Aim/goal of analysis (what you are looking for/expecting to identify):

Labelling (if any): \_\_\_\_\_

Protein Modification (e.g. reduction/alkylation): \_\_\_\_\_

Known Toxicity (if applicable): \_\_\_\_\_

Additional information attached:  Yes  No

I declare that my samples are not infectious.

To be filled by us

Project accepted for measurement:  Yes  No

Samples received on: \_\_\_\_\_

Date of sample analyses: \_\_\_\_\_

Analyses IDs: \_\_\_\_\_ Stored in: \_\_\_\_\_

Applied method(s): \_\_\_\_\_

Aim achieved successfully:  Yes  No,

Specific comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)