

# Proteomic Sample Submission Form

**Boston Children's Hospital** 

**Translational Proteomics Center**

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## 1. Researcher Information

Name:

Institution/Organization:

Department/Lab:

Email:

Phone Number:

## 2. Project Details

Project Name:

Principle Investigator(PI):

Project ID (if applicable):

Brief Description of Study:

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## 3. Sample Information

Number of Samples (samples are charged in multiples of a 96-well plate):

- Plasma
- Serum
- Urine
- Cerebrospinal Fluid (CSF)
- Saliva

Other (please specify):

*Minimum Sample Volume Requirement:*

- Plasma: Minimum 50  $\mu$ L

- All other body fluids: Minimum 100  $\mu$ L

Species (e.g., Human, Mouse, Rat):

Buffer/Storage Conditions (e.g., EDTA-treated plasma, frozen at -80°C):

Protein Concentration (if non-neat body fluid samples are provided):

## 4. Analysis Required

Number of Samples (samples are charged in multiples of a 96-well plate):

- Sample Processing ONLY**
- Sample Processing AND Mass Spectrometry (MS) Analysis**

## 5. Special Handling Requirements

## 6. Payment Information

- NIH-funded project**
- Non-NIH-funded project**

Fund Number:

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## 7. Agreement & Signature

By signing this document, I confirm that the submitted samples comply with institutional safety and ethical regulations, i.e., my study had received the appropriate IRB approval(s), ii) the samples are not considered noninfectious (standard biohazard/blood borne pathogen rules apply), and iii) all personally identifiable information (PHI) has been removed and only de-identified information is provided.

**Signature:**

**Date:**