

(Facility use) request #: _____

LC-MS Sample Request
Proteomics/Mass Spec Laboratory
B205/B244 Stanley Hall

Bring 2 hard copies of this form with you when you submit your sample

Name:

Lab:

Signature:

Department:

Funding Source/Chartstring or PO number:

Phone:

e-mail:

Submission date:

Samples name(s) (please mark samples tubes distinctly with the sample name and your initials):

Organism:

Sample description (preparation method, approximate total mass, etc.):

Method (e.g., 1D, 2D, custom; program to be used for data collection; consult with mass spec staff to choose a method if this is a new project)

Analysis goal (e.g., protein identification, PTM analysis, etc.):

(Your recharge price depends on the type of experiment performed; current rates are published. For custom runs, you may consult facility staff for an estimate of costs previous to sample submission)

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Facility use only

Date(s) of run(s):

samples:

Sample prep:

Run method:

Comments:

Total recharge: