

(facility use) request #: _____

LC-MS Sample Request
Proteomics/Mass Spec Facility
525 LSA

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

Name:

Lab:

Signature:

Department:

Funding source/chart string:

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) Note: we will run half your total sample or less unless otherwise agreed in advance.

(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)

Facility use only

Date(s) of run(s):

(facility use) request #: _____

samples:

Sample prep:

Run method:

Comments:

Total recharge: