(Facility use)	request #:
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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 distinct initials):	tly with the sample name and your
Organism:	
Sample description (preparation method, approxima	te total mass, etc):
Method (e.g., 1D, 2D, custom; program to be used f staff to choose a method if this is a new project)	for data collection; consult with mass spec
Analysis goal (e.g., protein identification, PTM anal-	vsis etc)·
, 25 Bour (0.8., p-0.0 radiometers, 1 1111 unus	y,,·
(Your recharge price depends on the type of experiment perfor you may consult facility staff for an estimate of costs previous	med; current rates are published. For custom runs, to sample submission)

Total recharge:

(Facility use) request #:_____