

**RBC MASS SPECTROMETRY CORE FACILITY**

Room E-156, Beadle Center University of Nebraska Lincoln, 1901 Vine St Lincoln, NE 68588-0662

**SAMPLE ANALYSIS REQUEST FORM**

Date:

Requestor Name:

Department/Institution:

Telephone #:

Email Address:

**Sample Name:** Please label all samples with date submitted, unique name and number. Write down the name of each sample with relevant number in the boxes given below.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.

**Type of sample:** Fill out a different form for each sample type requested:

**Taxonomy:**  Human,  Yeast,  Bacteria,  Mammals,  Others:

Protein/peptide  Nucleotide  Lipid  Carbohydrate  Others:

Composition      Approx MW      Theoretical Sequence

Quantity in  pmol/  μM/  nM      Quantity in  mg/  μg/  ng

**Recommended Sample Storage:**  Room Temp  4°C  -80°C  Other

Solid soluble in  Solution, Solvent:  Volume/Conc.

**Known sample additives:**

Buffers/pH:      Salts:      Detergents:      Other:

**Biological hazards?**  Yes  No      If Yes, please identify:

No radioactivity is present, (initial to clarify)

**Structural Information Desired:**

Molecular Mass of Intact Protein, Peptides, Small Molecule, Other

Protein ID by Trypsin/Protease ( ) Digestion and MSMS

**Polyacrylamide gel stained with:**  Coomassie Blue  Silver Stain  SYPRO  Other

**Gel Piece Color Intensity:**  Very light  Light  Dark  Very Dark  Color:

In-Solution Digestion  In-Gel Digestion  Other:

<b>Billing Information:</b>	<b>No. of Samples</b>	<b>Total</b>
ESI/MS – protein/peptide/others <input type="checkbox"/> @ \$50		
HPLC-ESI/MS/MS-peptide mix <input type="checkbox"/> @ \$100		
Other Special Projects (HPLC-MS; MS/MS) <input type="checkbox"/> @ \$100/hr		
<b>Total:</b>		
<input type="checkbox"/> *RBC Member		
Note: *RBC members receive a 50% discount, outsiders need to contact the center for pricing information. For collaboration that leads to shared publication or for any other questions contact Nandakumar Madiyaputhiya		
Account Number:		
Principal Investigator:		
Requisition #:		
Signature: _____		
(Signature must be authorized by Accounting Dept.)		

**Contact Persons:** Nandakumar Madiyaputhiya  
Renu Nandakumar

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