

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 different form for each sample type
Taxonomy: Human, Yeast, Bacteria, Mammals Others:
 Protein/peptide Nucleotide Lipid Carbohydrate Others.....
 Composition.....Approx MW.....Theoretical sequence.....
 Quantity in pmol/ μ M/ nM Quantity in mg/ μ g / 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 certify).

Structural information desired:
 Molecular Mass of Intact Protein, Peptides, Small Molecule, Other.....
 Protein ID by Trypsin/Protease (.....) Digestion and MSMS
Polyacrylamide gel stained with Commassie Blue Silver Stain SYPRO Other:
Gel piece color intensity very light light dark very dark Color:
 In-Solution Digestion In-Gel Digestion Other:

Billing Information:	<u>No. of Samples</u>	<u>Total</u>
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	_____	_____
Total:	_____	
<input type="checkbox"/> *RBC Member		
<i>Note:</i> *RBC members get 50% discount, outsiders need to contact the center for price information. For collaboration that leads to shared publication or for any other questions please contact <u>Ashraf Raza</u> .		
Account Number:		
Principal Investigator:		
Requisition #:		
Signature:		
(Signature must be authorized by Accounting Dept.)		

Contact Person: Ashraf Raza Telephone: (402) 472-3828 OR FAX: 402.472.4961