

Central Proteomics Facility

Sample Submission Form

REF

Contact Information

| | |
|---------------------------|-------------------|
| Name | Research Group |
| Department | Date Submitted |
| Grant code/Purchase order | Telephone & Email |

Safety Information

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|--|
| Is your material free from Biological, Chemical and Radiological Hazard? YES / NO |
| If not, please state the nature of the hazard: |
| Is it biological safety level 1 or level 2? |

Sample Information (Please attach annotated gel image)

| | |
|---|--|
| Number of samples | |
| Sample names | |
| Submitted as entire gel gel band solution pellet digest other | |
| Gel Stain | Sample description (volume, buffer, buffer conc, protein conc etc) |
| Organism | |

Experimental Requirements

| | |
|-------------------------------------|---|
| Excise gel bands | Reduction/Alkylation Cys (unnecessary if one or less Cys) |
| Digestion with (trypsin is default) | Database search conditions (Taxonomy restricted/particular database?) |

| |
|---|
| MALDI Identification (4800 MALDI TOF TOF) |
| LC- MS/MS sequencing identification (ORBITRAP or Q-TOF) |
| Protein molecular weight determination |
| Other experiment (discuss) |

INITIAL SAMPLE STORAGE:

FINAL SAMPLE STORAGE: