



Mass spectrometry analysis request form

Valid from: 2021.10.01.

***Customer:**

*Institute:

*Date:

Sample:

*Name:

*Organism:.....

*Number of samples:.....

****Sample type (please underline):**

- 1D gel piece
- 2D gel piece
- solution

In case of gel, staining (please underline):

- Coomassie staining
- Silver staining
- SyproRuby staining
- Other:.....

In case of solution:

Concentration: Volume:

Buffer composition:.....

Method used for protein concentration determination:.....

Was protease inhibitor added? Yes/No

If yes, please mention the amount and type of inhibitor added:

.....

Requested service:

****gel image attached**

****scanning of the gel is required**

****Service type:**

- Peptide/protein identification
- PTM determination (please mention which PTM to be analyzed):



- Protein quantification (please underline your selection):

SRM/MRM PRM label-free label-based

- In case of label-based experiments please specify label (please underline your selection):

iTRAQ TMT

- In case of SRM or PRM experiments please indicate the name of proteins to be examined:

.....
.....

The fate of sample after analysis (please underline your choice):

**Can be thrown away

**Get back to the customer

***Results** to be sent via electronic mail to the@.....
email address!

With my signature I assume that I am responsible for all problems arising from misinforming the PCF staff. I declare that have read and accept the [Conditions of Use](http://bmbi.med.unideb.hu/en/proteomics-core-facility) (http://bmbi.med.unideb.hu/en/proteomics-core-facility).

Signature:

* mandatory field

**one option should be chosen