Advanced Mass Spectrometry Analysis Request

FAILURE TO COMPLETE ALL DETAILS ON THIS FORM AND NO PAYMENT DOCUMENT MAY RESULT IN SAMPLES NOT BEING PROCESSED.

Payment Method?

Requisition Form

Purchase Order

Other

THE FUNCTIONAL GENOMICS AND PROTEOMICS LABORATORIES

SCHOOL OF BIOSCIENCES

THE UNIVERSITY OF BIRMINGHAM

EDGBASTON

BIRMINGHAM

B15 2TT

Tel: 0121 414 7532/ 6550 / 5723

DATE :

Email: amsf@contacts.bham.ac.uk

Web: https://www.birmingham.ac.uk/facilities/advanced-mass-spectrometry/index.aspx

Please indicate the type of sample analysis required:-

Molecular Weight Determination Non-covalent Complex Analysis

Protein/Peptide Identification Quantitative Proteomics

Post-translational Modification Analysis

Please refer to our sample submission guidelines on our website prior to sample submission. ALL details must be filled in from the relevant section before we will initiate sample analysis.

**Note**: Samples submission automatically signifies agreement of our Conditions of Service. These can be found on our website.

**YOUR DETAILS**

Name: ………………………………………………………………..………………..

Address: ………………………………………………………………………………

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Telephone…………………………………………………………………………….

Email Address:……………………………………………………………………….

Project Funded By:……………………………………………………………………

Number of Samples: ………………………………………………………………..

Health and Safety – Biohazard level: …………………………………………….

Clinical Trial Reference number: ………………………………………………….

Signed :

**IMPORTANT: PAYMENT DETAILS** – Purchase Order Must Be Sent With Samples to Avoid Delays

**Protein/Peptide Identification**

Name………………………………………………………………………………………………………….....

Number of Samples: ……………………………………………………………………………………………

Protein Peptide

**Peptides**

Number of Samples: ……………………………………………………………………………………………

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| --- | --- | --- | --- | --- | --- | --- |
| Sample Label/Name | Concentration | Buffer Composition (including pH) | Peptide Sequence(if known) | Expected Molecular Weight (Da) | Peptide sequencing required? (Yes/No) | Any known stability issues? |
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Detergent/PEG/glycerol present in buffer? Yes No

 If Yes, please specify………………………………………..

Note: Please contact us if you require de novo sequencing (i.e. peptide sequencing when the sequence is not currently known)

**Proteins**

In-gel In-solution/Lyophilised

**In-gel**

Please provide excised gel plugs in 1.5 mL tubes. Cut as close to the band as possible. Do not pack the tubes with gel plugs.

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| --- | --- | --- | --- | --- |
| Sample Label/Name | Staining Used(Coomassie/Silver Stain) | Digestion Required? (Yes/No) | Data Processing Required? (Yes/No) | Taxonomy |
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**In-solution**

Please provide proteins either in-solution or lyophilised in 1.5 mL tubes.

Nature of analyte(s):

Pure Protein(s) (i.e. < 10 different proteins/proteoforms present)

Complex Protein Mixture (i.e. proteins from whole organisms/cell lines/tissue)

**Note**: samples must only contain proteins. Has protein extraction been performed?

Yes No

If no, please contact us at amsf@contacts.bham.ac.uk prior to sample submission to discuss how best to do this.

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| --- | --- | --- | --- | --- | --- | --- |
| Sample Label/Name | Concentration | Buffer Composition (including pH) | Any known stability issues? | Digestion Required? (Yes/No) | Data Processing Required? (Yes/No) | Taxonomy |
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Detergent/PEG/glycerol present in buffer? Yes No

 If Yes, please specify………………………………………………………………………….