

Michigan State University Proteomics Core Sample Submission Form

603 Wilson Rd, Room 5, Biochemistry Bldg., East Lansing, MI 48824
Ph # 517-353-4622 Fax # 517-355-6758

PI Name: _____ Submitter Name: _____

Email: _____ Department: _____

Account/PO# _____ GLBRC? If yes, GLBRC Project# _____

Address: _____

To ensure proper data analysis please describe your sample in as much detail as possible, ie. organism, expressed protein/tag, suspected modifications, concentration, etc.

Services Requested

Sample Name	1D Gel	2D Gel	Gel Staining	Manual Digestion	Protein ID LC/MS/MS	Length of Run*	Other
S1:							
S2:							
S3:							
S4:							
S5:							
S6:							
S7:							
S8:							
S9:							
S10:							

* - LC/MS/MS runs are generally 30 minutes unless otherwise specified

Signature: _____ **Date:** _____

For Completion by Proteomics

Date Completed: _____

Mass Spectrometer _____

Operator _____

Sample ID	Image File	MS File	Database Name	Mascot ID #
S1:				
S2:				
S3:				
S4:				
S5:				
S6:				
S7:				
S8:				
S9:				
S10:				
S11:				
S12:				
S13:				
S14:				
S15:				

Billing Sheet # _____

Billing Month/Year: _____

Comments: