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

**Post translational Modification Analysis**

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

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

Nature of analyte:

Pure Protein (> 99% pure as visualised by SDS PAGE)

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

Phosphoenrichment required?

Yes No

**Pure Protein/Peptide**

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

Nature of Analyte(s):

Protein Peptide

Sample Analysis Required:

Intact Protein Analysis Peptide Analysis

(for stoichiometric information) (for site-mapping)

For peptide analysis, has digestion been performed?

Yes No

Has enrichment of post-translational modifications been performed?

Yes No

Sample Information (to be provided for each sample):

Sample Label/Name……………………………………………………………………………………………

Protein/Peptide Sequence: ………………………………………………………………………………………

Expected Modification Site: …………………………………………………………………………………….

Concentration: …………………………………………………………………………………………………….

Buffer Composition (including pH): ……………………………………………………………………………..

Detergent/PEG/glycerol present in buffer? Yes No

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

**Complex Mixture of Proteins**

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

Note: for complex mixtures, protein are typically extracted and digested into peptides prior sample submission to our facility for LC-MS analysis. We are happy to perform these steps on your behalf if needed. In these cases, please contact us prior to sample submission to discuss your individual requirements.

Has enrichment of post-translational modifications been performed?

Yes No

If yes, please specify……………………………………………………......

Which post-translational modifications are you interested in? …………………………………………………….................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sample Label/Name | Initial Protein Concentration | Buffer Composition (including pH) | Enzyme Used for Digestion | Reduction and Alkylation Performed? | Data Processing Required? (Yes/No) | Taxonomy |
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Detergent/PEG/glycerol present in buffer? Yes No

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