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

**Quantitative Proteomics**

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

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

**Complex Mixture of Proteins**

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.

Please select quantitation method required?

SILAC TMT Label-free

SILAC/TMT, please specify which labels have been used (i.e. 13C6 L-Lysine/TMT 2plex: TMT-126, TMT-127 etc.) …………………………………………………………………………………………………………………

For quantitative phosphoproteomics, has phosphoenrichment been performed?

Yes No N/A (phosphoproteomics not required)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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………………………………………………………………………….