

MS analysis request



Universitätsklinikum
Hamburg-Eppendorf

Core Facility Mass spectrometry
& proteome analysis
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Samples can only be accepted when labelled appropriately using the date and the investigators name!

1) Contact the facility about sample preparation 2) Fill this form and send it with your samples

Researcher information

Name:	<input type="text"/>	Phone:	<input type="text"/>
Institution/Group/Teamleader:	<input type="text"/>	Email:	<input type="text"/>
Cost Center:	<input type="text"/>	Date:	<input type="text"/>

Sample information

Number of samples:	<input type="text"/>	Modifications:	<input type="text"/>
Biological host:	<input type="text"/>	Expression host:	<input type="text"/>

Cut here and fix the
label on the
corresponding tube

#	Requested analysis	Concentration [μ M]	Volume ¹ [μ L]	MW ² [kDa]	Staining ¹	Description of sample buffer (salts, additives, detergents...)	MM_YYMMDD_Nr. your initials_Date_Sample nr	MM_YYMMDD_Nr. your initials_Date_Sample nr
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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¹ If you provide a stained gel for protein identification, please write "gel" in sample volume.

² molecular weight on the SDS-PAGE corresponding to the marker

Use this free-text box to add any additional information which might be relevant to your analysis:

With his signature, the scientist acknowledges the user regulations of the core facility

Analysis prepared by (signature): _____

Date: _____