

Mass Spectrometry Facility Advanced Analysis Centre

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Request for Protein Identification Mass Spectrometry Analysis

Please check if you want the rest of your sample returned

Date Submitted: Submitted By:		E-mail:		
		Phone Number:		
Post-doc PhD MSc	UnderG	Tech	Faculty	Other
Supervisor:	D	epartment:		
Sample Code: Please use separate she space is not enough	eet if	Number of Sa	imples:	
Protein Digested?		Digestion Required?		Buffer:
For already digested samples		Complex solution digest:		
Enzyme: trypsin Other:		Simple digest:		
Oyeteine treatment:		In-gel digest:		Gel stain:
Current solvent: Desalted?		Gel stain:		
MSF Hood used? Yes No		Cysteine trea	tment? Yes	No
Source of sample (organism): (for taxonomy searching)				
s sample a If yes			If yes	
recombinant? Yes No			then tag:	
MW (if available):	organism	1:		
If appropriate a sequence can be prov Note: Complex digest is for mixtures required for complete tryptic digestio	of multiple p			
For price informa	Billing Info ation please vis	ormation sit www.uoguelph.c	a/aac/msf	
I approve payment for this work within www.uoguelph.ca/aac/msf and I authorize			•	
Trust Fund#	-	-		64251
	Please provide	e full coding		
	p	, <u>,</u>		
Signature:				
<u> </u>				