

# MS ANALYSIS OF INTACT PROTEIN

## REQUEST FORM



**Send sample to:**  
Mass Spectrometry  
Australian Proteome Analysis Facility  
Level 4, Building F7B, Research Park Drive  
Macquarie University  
Sydney, NSW 2109

**Contact Details:**  
Mass Spectrometry  
Ph: +61 2 9850 6201  
Fax: +61 2 9850 6200  
Email: [ms@proteome.org.au](mailto:ms@proteome.org.au)  
Website: [www.proteome.org.au](http://www.proteome.org.au)

### Customer Details

Contact Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Billing Address \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Principal Investigator \_\_\_\_\_

### Sample Details

Please attach a separate sheet listing all sample information if you are submitting more than one sample.

Sample Name: \_\_\_\_\_ Sample form (please select): solid / liquid / gel  
Approximate MW: \_\_\_\_\_ pl: \_\_\_\_\_ Quantity of protein \_\_\_\_\_ pmole \_\_\_\_ ug  
Species: \_\_\_\_\_ Estimated purity (%): \_\_\_\_\_ Method of purification: \_\_\_\_\_

If the sample is a gel plug, what is the stain? \_\_\_\_\_

If the sample is in liquid, please state buffer and concentration: \_\_\_\_\_

Chemicals used for reduction and alkylation, if any: \_\_\_\_\_

Nature of service	Fee (A\$)/Sample*	Number of samples	Cost (A\$)
ESI - MS			
MALDI - MS			
C18 Clean Up			
Total cost (A\$)			

\* Please refer to the price list in **Mass Spectrometry Services and Fees**.

Samples are placed in a queue on receipt with the completed form. For other services and urgent samples, please contact us via e-mail ([ms@proteome.org.au](mailto:ms@proteome.org.au)). Reports will be sent in electronic format as PDF files.

I have read and understood the APAF Terms and conditions (available on our website). I have prepared the sample(s) according to APAF's guidelines (available on request). I agree that any publications will acknowledge the contribution of APAF with the words **"This research has been facilitated by access to Australian Proteome Analysis Facility which is funded by an initiative of the Australian Government as part of the National Collaborative Research Infrastructure Strategy"**.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### Payment Details

We would appreciate prior payment for requests under \$2,000. Please provide credit details:

Visa  Mastercard  \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_

Name on the Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Purchase order # \_\_\_\_\_ For samples over \$2,000 payment must be received within 30 days of receipt of invoice.

### APAF Office Use Only:

Sample receiving date \_\_\_\_\_ Project Code \_\_\_\_\_ Responsible by \_\_\_\_\_

Spectral file name \_\_\_\_\_ Date of completion \_\_\_\_\_