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
Website: www.proteome.org.au

australian proteome analysis facility

Customer Details

Contact Name:_____ Organisation:_____

Phone: _____ Billing Address_____

Fax: _____ _____

Email:_____ Principal Investigator_____

Sample Details

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

Sample Name: _____ Sample form (please select): solid / liquid / gel

Approximate MW:_____ pI: _____ 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			
Zip Tipping 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). Reports will be sent in electronic format as PDF files.

I have read and understood the APAF Mass Spectrometry Price List and agree to the charges. I have prepared the sample(s) according to APAF's guidelines (available upon request). I also agree that APAF will be notified of all publications containing the results from this work. These publications will acknowledge the contribution of APAF with the words *"This research has been facilitated by access to the Australian Proteome Analysis Facility established under the Australian Government's Major National Research Facilities program"*.

_____ _____ ____ / ____ / _____

Print Name Sign Name Date

Payment Details

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

Visa ☐ Mastercard ☐ Bankcard ☐ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiry ___ / ___ Name on the Card: _____ Signature: _____

Purchase order # _____ For samples over $2,000 payment must be received within 14 days of receipt of invoice.

APAF Office Use Only:

Sample receiving date_____ Project Code_____ Responsible by _____

Spectral file name_____ Date of completion _____