

# Advanced LC ESI MS Analysis

## 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 information of the samples 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: \_\_\_\_\_

Please specify known or possible protein modifications: \_\_\_\_\_

Services	Fee (A\$) / Sample**	Number	Cost (A\$)
Phosphopeptide analysis *			
Quantitation using iTRAQ technique *			
Oligosaccharide analysis *			
Total cost (A\$)			

\* Services in this table are not routine. Please contact APAF discussing the scope of the services and the fees before submitting samples.

\*\* 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 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 \_\_\_\_\_