

MALDI MS Analysis for Protein Identification

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

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\$)
MALDI – TOF (PMF) *			
MALDI – TOF/TOF (PMF + MS/MS) *			
Reduction and Alkylation			
De Novo peptide sequencing			
Other services **			
Total cost (A\$)			

* The service includes: trypsin digestion, C18 clean up, MS data acquisition, Mascot database searching and standard report.

** Other services may include running 1D or 2D gel and cutting gel spots. Please specify the services required.

*** 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 standard terms and conditions and Mass Spectrometry price list and agree to the terms and conditions found on the website. 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 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 samples 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 14 days of receipt of invoice.

APAF Office Use Only:

Sample receiving date _____ Project Code _____ Responsible by _____

Spectral file name _____ Date of completion _____