

LSU HSC Proteomics Core Facility

Mass Spectrometry Sample Submission Form

Date: _____ / _____ / _____ (Month/Day/Year)

Your Name: _____ (Last) _____ (First) _____ (M.I.)

PI Name: _____ (Last) _____ (First) _____ (M.I.)

Department: _____ Institution: _____

Telephone: _____ Fax: _____ E-Mail: _____

Billing information: (Fill only the one that applies)

LSUHSC Account Number: _____

P.O./Check (Billing address: _____)

* Fill out the following table or attach the essential sample information to this form.

Sample Name:	Estimated Amount (µg total)	Service: (Check any applicable boxes)								Sample Information (e.g. pl/M.W. taxonomy)
		In-Gel Digestion	Single-Use plate	Protein ID		Simple MS	MS ₂ only	ZipTip	Other inquiry	
				MS+MS ₂	MS					

For Core Facility Personnel only:

- Log in the sample log _____ Number of Samples _____ Destain / In-Gel Digestion
- Plate code _____ Protein ID MS₂ Simple MS Peptide Mapping
- ZipTip Cleaning-up Archiveable plate Other inquiry _____
- Result report Billing