

Protein & Peptide MASS SPECTROMETRY SAMPLE SUBMISSION FORM §

Facility Location, Mailing
and Shipping Address:

Medicinal Chemistry Mass Spectrometry Center
Box 357610

1•093 Health Sciences Building
University of Washington
Seattle, WA 98195-7610

(206) 543-6439 (office), 543-7794 (laboratory)

Web Site:

<http://depts.washington.edu/medchem/msc/index.html>

Customer Identification

Submission Date	Budget or P.O #	P.I.
Submitted by		Phone
Billing Address / University Dept.		FAX
		Email

Sample Identification Sample's Return Requested? *

Sample Label (as appears on vial):	
Sample format (please select): Solid <input type="checkbox"/> ; Liquid <input type="checkbox"/>	Approximate MW (Da):
Concentration (µg/µL):	Suspected Modifications:
Method of Purification:	Amino Acids Modified:
Sample Composition (salts, buffers, etc.):	Digestion Enzyme
Reduction & Alkylation Chemicals:	Taxonomy (species):

Analysis Requested: Sequence (if known) & Comments:

VII Intact Molecular Weight and/or Purity	<input type="checkbox"/>
VIII Protein Identification <i>via</i> Cap LC-MS/MS Analysis (Gel Band Digest)	<input type="checkbox"/>
IX Protein Identification <i>via</i> Cap LC-MS/MS Analysis (Shotgun Proteomic Profiling)	<input type="checkbox"/>

§ See Web Site, "Sample Preparation and Submission," for detailed instructions.

* Samples shipped as return requested without prior arrangement will not be returned.
Local samples, if unclaimed within two weeks of analysis will be discarded.

Internal Use Only - Data Files:

Instrument
Analysis: Type/Time
Rate Code
