

**MASS
SPECTROMETRY
REQUISITION**

**PROTEIN CHEMISTRY
TECHNOLOGY CENTER
UTSWMC**

**ND6.202; (214) 645-6300; (214) 645-6298 (fax)
yli@biochem.swmed.edu**

Date Ordered: _____ **Phone #:** _____ **Fax #:** _____
Requested By: _____ **Authorized Signature:** _____
Lab Room #: _____ **Department:** _____
Investigator: _____ **PI:** _____

Sample Name	Amt (pmol)	Vol (μL)	Est. Mwt (if known)	Solution Composition	Detergents

Special handling: Temperature: _____
 Biological Hazard: _____
 Radioactivity: _____

Storage: RT ____ 4°C ____ -20°C ____

Please indicate the desired analysis:

I. MALDI-TOF Analysis

___ Peptide mass map (for protein ID or PTM)
 ___ Protein digestion from gel

___ Intact protein mass determination

___ Pure or synthetic peptide mass determination

II. ESI-MS Analysis

___ Intact protein mass determination

___ PTM analysis
 Details: _____

___ Peptide sequencing by MS/MS

Special Instructions (if any) _____

PCTC Use Only

Log # _____ ; **Data File #** _____

Total Cost: _____

Comments: _____

Date Compltd: _____

Orders must be accompanied by a completed IDR (One IDR per month)

Please acknowledge PCTC core facility in manuscripts, when appropriate