



UNIVERSITY OF DEBRECEN
FACULTY OF MEDICINE
DEPARTMENT OF BIOCHEMISTRY AND MOLECULAR
BIOLOGY



Mass spectrometry analysis request form

Valid from: 2016.04.01.

***Costumer:**

*Institute:

Date:

Sample:

- *name: - *number (nr):.....
- *organism:.....
- **sample type: 1D gel piece 2D gel piece solution
- Coomassie staining Silver staining SyproRuby staining Other:.....
- *buffer composition (in case of solution):..... *Protease inhibitor
- concentration (in case of solution): - volume (in case of solution):.....
- method used for protein concentration determination:.....
- **gel image attached **scanning of the gel is required
- *I accept the [Conditions of Use](http://bmbi.med.unideb.hu/joomla15/index.php/en/core-facilities-/189) (http://bmbi.med.unideb.hu/joomla15/index.php/en/core-facilities-/189).

Requested service:

Mass spectrometer to be used:

- 4000 QTrap (ESI-MS)
- MALDI-TOF

**Service:

- Molecular weight determination
- peptide/protein identification
- PTM determination:
- Other:

The fate of sample after analysis:

- **Can be thrown away **Get back to the costumer

***Results** to be sent via electronic mail to the.....@..... email address!

Signature:

* mandatory field

**one option should be chosen