



Mass Spectrometry Service (MALDI TOF/TOF) Request Form

User Information

User name: _____ User E-mail: _____
 Tel no: _____ User's signature: _____
 Department or school: _____
 Supervisor's name*: _____ Supervisor's signature*: _____

* Please fill in if 10 samples (or more) are submitted at once.

Sample Information

Specify sample origin: _____

Sample storage: Room Temp 4°C -20°C

Biohazard sample: Yes No

1. Protein Identification

Type of PAGE gel: 1D 2D

Sample amount: _____

Staining method: Coomassie Blue SYPRO Ruby Others (pls specify): _____

Database: NCBIInr SwissProt Others (pls specify): _____

Suspected modification: _____

Taxonomy: _____

2. Mass Determination

Sample Concentration (in solution): _____ pH: _____

Solvent/buffer composition: _____

Estimated MW: _____

No.	Sample Name (Estimated M.W.)	No.	Sample Name(Estimated M.W.)
1	(Da)	6	(Da)
2	(Da)	7	(Da)
3	(Da)	8	(Da)
4	(Da)	9	(Da)
5	(Da)	10	(Da)

Note: Please acknowledge Biosciences Central Research Facility HKUST in resulted publications

For office use only

Ref. no.: _____
 Sample processing date: _____ Sample submission date: _____
 Report delivery date: _____ Service charge: _____
 Remark: _____