



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: <input type="checkbox"/> Room Temp <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C
Biohazard sample: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1. <i>Protein Identification</i>
Type of PAGE gel: <input type="checkbox"/> 1D <input type="checkbox"/> 2D
Sample amount: _____
Staining method: <input type="checkbox"/> Coomassie Blue <input type="checkbox"/> SYPRO Ruby <input type="checkbox"/> Others (pls specify): _____
Database: <input type="checkbox"/> NCBIInr <input type="checkbox"/> SwissProt <input type="checkbox"/> Others (pls specify): _____
Suspected modification: _____
Taxonomy: _____
<input type="checkbox"/> 2. <i>Mass Determination</i>
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: _____	