

Proteomics & MS Core Facility, WHA Room-4309, 750 E. Adams Street, Syracuse, NY 13210
Phone: 315-464-8744 Email: dejonge@upstate.edu Web: www.upstate.edu/proteomics/

Sample Submission/Service Request Form

CUSTOMER / PAYMENT (Upstate Investigators)

Contact Name _____ PI Name _____
 Department _____ Building/room _____
 Phone _____ Email _____
 State account # _____

*Signature of PI

Date

*- Samples will be processed when this requisition has an account number and PI signature

Requested MS Services

Service Type	Service Code	Number of Units	Unit Price,\$	Setup Price,\$	Full Price*, \$
Trypsin digestion, solution	101		15	40	
Trypsin digestion, in-gel	102		15	45	
Microscale cleanup	200		15	--	
MW determination	300		50	--	
Protein identification; LC gradient 1, 2, or 3h	400		75	--	
	401		125	--	
	402		200	--	
Quantitative proteomics: TMT, SILAC, etc. 1-D (500) or 2-D analysis (501)	500		200	--	
	501		200 per fraction	--	
Method development	600		60/h	--	
Data analysis	601		60/h	--	
Targeted, quantitative analyses (MRM, Quantis)	700		20	--	
LC-MS on Lumos	800		50	--	
Other	900				
Total cost	--	--	--	--	

Office Use Only

Core Account Detail Code: PROT

Account Number: 90020800

Order Accepted (Date): _____

Order Completed (Date): _____

Proteomics Sample Details

Please indicate the sample origin/species (human, bovine, mouse, rat, E.coli, yeast, etc), the accurate (or ~estimated) protein amount in the gel slice/liquid samples (pmol, µg), the protein concentration in the liquid samples (µM, µg/µl, etc), and MW of target proteins when known

##	Sample Name	Species	Protein Amount	Protein Concentration	MW
1					
2					
3					
4					
5					
6					
7					
8					

Additional Sample Information

Gel Stain: Coomassie Silver stain
Is Sample Digested? No Yes, Enzyme:

Liquid Sample Buffer:

Sample Comments: