

ACRF Biomolecular Resource Facility

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Mass Spectrometry Analysis Request Form

Name:	Date:
Division/Department:	School/Institution:
Phone:	Email:
ANU Account Code:	Authorisation (PI or Lab Head) Name and Signature:
Office Use Only:	
Tracking No.:	
BRF Account Code: R42570 05	
Total \$	

- Samples and completed Mass Spectrometry Analysis Request Form should be placed in the BRF sample drop off room. Fridge/freezer available. Please place the form in the mass spectrometry tray.
- Complete the sample summary overleaf for **all** samples.
- MALDI plates are available for purchase from the BRF via coreLIMS.

Office Use Only: Service Summary

Service	Number of samples/ plates	Cost per sample/ plate	Sub-total \$
Pre-spotted plate			
Protein identification			
Intact Mass Determination			
<i>De Novo</i> Peptide Sequencing			
Reduction and alkylation			
Other (specify)			
Total			\$

Sample Summary Form

Type of service required:

- Pre-spotted plate
- Protein identification
- Intact mass determination
- de novo* peptide sequencing

Sample pre-treatments required:

- Ziptip clean-up/concentration
- In-gel digestion
- Reduction/alkylation

All samples will be digested with endoproteinase Lys-C/trypsin unless specified otherwise.

Sample Information:

Use for Pre-spotted plate service			
Plate #	1.	2.	3.
Plate ID			
Spots to be run - list			
Use for all other services			
Sample #	1.	2.	3.
Sample ID			
Sample type (protein, peptide, tryptic digest, etc)			
Species			
Sample form			
<input type="checkbox"/> Liquid – buffer/conc			
<input type="checkbox"/> Gel - stain			
Estimated mass/range			
Quantity (pmol/ μ g)			
Method of purification			
Reduction/alkylation chemicals			
Known/possible modifications			
Enzyme digested (yes/no)			
Type of enzyme used/to be used			
Purpose of experiment (molecular weight, sequencing ID, etc)			
Other			