



Analysis request form

Send Samples To:	Contact Details:
Smoler Proteomics Center Emerson building for life sciences room 2-21 Technion City, Haifa 32000	Phone: 972-4-8293446 Fax: 972-4-8295069 Email: prot-l@listserv.tehnion.ac.il Website: http://proteomics.net.technion.ac.il/

The following information items are necessary for us to be able to properly analyze your samples. Please fill in as much as possible and add other relevant remarks as needed. Please send this filled form with your sample.

Customer Details:

Contact Name: _____	Organization: _____
Phone: _____	Billing Address: _____
Fax: _____	_____
Email: _____	_____
Principal Investigator: _____	Purchase Order Number: _____

Sample Details:

Title of research project or protein / peptide name: _____

Sample form is (please select): gel/ lyophilized/ in solution/ other: _____

The sample contains (please select and elaborate): salts/ buffer/ detergent/ protease inhibitors/ other: _____

Quantity of protein _____ pmole _____ μ g. Estimated purity (%) _____

Method of purification: _____

If purified by electrophoresis please state stain used: _____

****Please send us a picture of the gel.****

Special handling of sample: _____

Cysteine residues are modified by: Iodoacetamide/ 4-vinyl-pyridine/ Acrylamide/ other: _____

Organism: _____

Requested Service Details:

Type of analysis requested (please select):

- ☐ Sample preparation
- ☐ Protein identification by mass-spectrometry
- ☐ 1D gel electrophoresis
- ☐ Post-translational or chemical modification
please state which: _____
- ☐ Quantitative proteomic project
- ☐ Sequence validation of a synthetic peptide
- ☐ Other: _____

Please acknowledge the Smoler Proteomic Center at the Department of Biology, Technion when publishing this work