



University of New Mexico Mass Spectrometry Facility
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REQUEST FOR ANALYSIS – PROTEINS AND PEPTIDES

Your name _____ PI name _____
 Department _____ Telephone _____ FAX _____
 Email _____ Account # _____

PLEASE FILL IN ALL FIELDS AS COMPLETELY AS POSSIBLE, RADIOACTIVE SAMPLES NOT ACCEPTED

<p>DESIRED ANALYSIS:</p> <p><input type="checkbox"/> MW determination</p> <p><input type="checkbox"/> sequencing (limited)</p> <p><input type="checkbox"/> post-translational modification ID</p> <p><input type="checkbox"/> unknown protein ID</p> <p><input type="checkbox"/> Other (specify _____)</p>	<p>Sample ID: _____</p> <p>Estimated concentration _____ Determined by <input type="checkbox"/> Bradford <input type="checkbox"/> SDS-PAGE <input type="checkbox"/> Other _____</p> <p>Approx Molecular Weight _____</p> <p>Storage requirements:</p> <p><input type="checkbox"/> unstable: degradation half-life _____</p> <p><input type="checkbox"/> light sensitive <input type="checkbox"/> 4 °C <input type="checkbox"/> -20 °C <input type="checkbox"/> -80 °C</p>
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Protein/peptide origin (check all that apply, explain):

<p><input type="checkbox"/> Purified from tissue Tissue type(s), species: _____</p> <p><input type="checkbox"/> Recombinant Organism, purification method: _____</p>	<p><input type="checkbox"/> Purified from cultured cells Cell type, species: _____</p> <p><input type="checkbox"/> Synthetic Final purification step: _____</p>
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Has the sample ever been exposed to: (Check all applicable)

<p><u>DETERGENTS:</u></p> <p><input type="checkbox"/> Tween-20 <input type="checkbox"/> Triton X-100 <input type="checkbox"/> SDS <input type="checkbox"/> Other _____</p> <p><u>STABLIZERS:</u></p> <p><input type="checkbox"/> Glycerol <input type="checkbox"/> PEG <input type="checkbox"/> Other _____</p>	<p><u>BUFFERS CONTAINING THE IONS:</u></p> <p><input type="checkbox"/> Na⁺ <input type="checkbox"/> K⁺ <input type="checkbox"/> Ca⁺² <input type="checkbox"/> Mg⁺² <input type="checkbox"/> Other _____</p> <p><u>PROTEASE INHIBITORS:</u></p> <p><input type="checkbox"/> PMSF <input type="checkbox"/> TLCK <input type="checkbox"/> TPCK <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><u>NON-VOLATILE BUFFERS:</u></p> <p><input type="checkbox"/> TRIS <input type="checkbox"/> MOPS <input type="checkbox"/> HEPES <input type="checkbox"/> MES <input type="checkbox"/> Other _____</p> <p><u>MISCELLANEOUS:</u></p> <p><input type="checkbox"/> DTT <input type="checkbox"/> Urea <input type="checkbox"/> GdmHCl <input type="checkbox"/> Colored eppendorf tube <input type="checkbox"/> Other _____</p>
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Sample form: (please be as complete as possible)

<p><input type="checkbox"/> LIQUID current buffer _____ volume submitted _____ concentration _____</p>	<p><input type="checkbox"/> SOLID last buffer _____ salt contents _____ drying method _____</p>	<p><input type="checkbox"/> Sample came from a gel (Circle: 2D, 1D, SDS-, PAGE)</p>
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Rate on scale of 1..5 (5 highest)
 Infectious _____ Biohazard _____ Toxic _____

PROBLEM NOTIFICATION AFTER:

First analysis attempt Second analysis attempt
 Continue until analytical options are exhausted

DATA RETURN: Pickup FAX email (pdf file)