

Proteomics Service Request form

Send Samples To:

Monash Biomedical Proteomics Facility
Department of Molecular Biology & Biochemistry
Level 2, Building 77
Monash University
Wellington Road,
Clayton, Vic. 3800

Contact:

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Website: www.monash.edu.au/biochem/facilities/proteomics

Details:

Contact Name _____ Responsible Investigator _____
Phone _____ Fax _____ Email _____

Organisation _____

Billing Address _____

Supervisors Authorisation _____

Cost centre/Fund _____ (Monash Depts) Purchase Order # _____ (External Monash)

Sample Details

Date submission: _____ Total number of samples _____

Sample names as labeled: _____

Services Requested tick if applicable

N-Terminal Sequencing # of residues _____ Protein ID Purity Check

Mass Spectrometry MALDI ESI-MS LCMS
Peptide Analysis Protein Analysis Other _____
Protein digest/identification Enzyme trypsin Other _____
MW (if known) (Da) _____ Species _____
Possible Modifications (eg reduced and alkylated, phosphorylation etc) _____

Gel Electrophoresis 1D Gel 2D Gel Gel X-link percentage _____
Clean up required Quantitation required Analytical gel 7cm Preparative gel 24cm
1st dimension pH range pH 3-11NL 3-10L 4-7 Other _____
Staining: Coomassie Silver

Sample information
Amount of Sample _____ (mol, g) Concentration _____ Volume Supplied (µl) _____
Sample Buffer _____

Special Requests _____

