Mass Spectrometry and Proteomics Core Facility

Request Form

To be fill in by MSPCF	Request number			
Invoice Option:	IRB ☐	PCB ☐	FBG ☐	Other ☐

USERS DATA

Authorized user**:**	
Principal Investigador:	
Research Group:	
Phone:	E-mail:
Cost Center:	References to include in the invoice:

SERVICE REQUIRED

Proteomics (Identification, characterization)

Intact protein analysis ☐
Bottom-up proteomics ☐
Top-down, middle-down proteomics ☐
PTM analysis (specify in *description* field) ☐

Differential protein expression analysis (quantitative proteomics):

Label free ☐
Multiplexing (iTRAQ, TMT, SILAC, etc...) ☐
Targeted MS/MS analysis (PRM) ☐

Structural Proteomics Analysis

Native MS ☐
Ion mobility MS (IM-MS) ☐
Non covalent interactions ☐
HDX-MS ☐
Cross-linking MS ☐
Limited proteolysis MS ☐
Affinity MS (SAW-MS) ☐
mAbs analysis (ADC) ☐

Small Molecule Analysis

Exact mass (MS1) ☐
Exact mass (MS1) and MS/MS ☐

Others (specify):

Description / comments (Please attach any other relevant information):

SAMPLE INFORMATION

Specific requirements: Refrigerator ☐   Freeze ☐   No light ☐   Others

Number of samples:	**Sample labels and description if necessary:**	
Structural Formula, insert as image and attach the chemdraw file.		Molecular Formula
		MW (monoisotopic)
		MW (average)
		Solubility
		Concentration/solvent
Sequence of specific proteins (recombinant, tag added etc..):		Sample buffer
		Origin
		Taxonomy
		Digested protein: Yes ☐ / No ☐ Enzyme:

AGREEMENT

Date:	Date:
User's Signature:	Responsible's signature: