



## Laboratory of Mass Spectrometry Requisition Form

Date  
Sample submitted by .....

Approved by  
(principal investigator) .....

Return address .....

Phone ..... FAX .....

Email .....

Account/PO .....

Analysis required (mark):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ESI:                          | <input type="checkbox"/> MALDI:               | <input type="checkbox"/> Proteomics:             |
| <input type="checkbox"/> Mass Spectrum only            | <input type="checkbox"/> Mass Spectrum only   | <input type="checkbox"/> Gel cut – proteolysis   |
| <input type="checkbox"/> HPLC/MS and cross-correlation | <input type="checkbox"/> Peptide finger-print | <input type="checkbox"/> HPLC fractionation – MS |
| <input type="checkbox"/> MS/MS sequencing              | <input type="checkbox"/> MS/MS sequencing     |  |
| <input type="checkbox"/> RP-HPLC desalting - ESI/MS    |   |  |

Sample description (name, molecular weight, purity, purity criteria)

Please indicate briefly the purpose of analysis

HAZARD

- Hazard unknown
- Hazardous
- Non Hazardous

Special handling

- Store frozen
- Store 4°C
- Call for sample

Operating conditions