MALDI-TOF: Peptide Mass Fingerprint Submission Form

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

WAIKATO MASS SPECTROMETRY FACILITY

Use when submitting proteolytically digested samples in order to identify the protein.

CUSTOMER DETAILS

Contact Name:	Organisation:
Principal Investigator:	Billing Address:
Phone:	
Fax:	
Email:	Purchase Order #:

SAMPLE DETAILS

Sample Name (as appears on vial):	
Sample Form: Solid / Liquid / Gel	Species:
Approx MW:	Digestion Enzyme:
Approx PI:	Quantity: ng μM
Stain used:	ZipTip Required: Yes / No
Buffers, Salts, Detergents:	
Reduction/Alkylation Chemicals used:	
Suspected PTMs:	
Additional Notes:	

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Additional Notes:	

I have read and understood Waikato Mass Spectrometry Facility's pricing schedule and agree to the charges. I have also prepared the sample(s) according to Waikato Mass Spectrometry Facility's guidelines.	Name:
	Signature:
	Date: