

**Mass Spectrometry Service (MALDI TOF/TOF) Request Form**

<b>User Information</b>	
User name: _____	User E-mail: _____
Tel no: _____	User's signature: _____
Department or school: _____	
Supervisor's name: _____	Supervisor's signature*: _____

\* Please seek your supervisor's approval and signature if 10 samples (or more) are submitted at once.

<b>Sample Information</b>
Specify sample origin: _____
Sample storage: <input type="checkbox"/> Room Temp <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C
Biohazard sample: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>1. Protein Identification</b>
Type of PAGE gel: <input type="checkbox"/> 1D <input type="checkbox"/> 2D
Sample amount: _____
Staining method: <input type="checkbox"/> Coomassie Blue <input type="checkbox"/> SYPRO Ruby <input type="checkbox"/> Others (pls specify): _____
Database: <input type="checkbox"/> NCBIInr <input type="checkbox"/> SwissProt <input type="checkbox"/> Others (pls specify): _____
Suspected modification: _____
Taxonomy: _____
<input type="checkbox"/> <b>2. Mass Determination</b>
Sample Concentration (in solution): _____ pH: _____
Solvent/buffer composition: _____
Estimated MW: _____

No.	Sample Name (Estimated M.W.)	No.	Sample Name (Estimated M.W.)
1	(      Da)	6	(      Da)
2	(      Da)	7	(      Da)
3	(      Da)	8	(      Da)
4	(      Da)	9	(      Da)
5	(      Da)	10	(      Da)

**Note: Please acknowledge Biosciences Central Research Facility HKUST in resulted publications**

<b>For office use only</b>	
Ref. no.: _____	
Sample processing date: _____	Sample submission date: _____
Report delivery date: _____	Service charge: _____
Remark: _____	