

Serial No.

(For office use only)

Date

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PROTEOMICS REQUISITION FORM

MALDI

CLIENT INFORMATION

| | | |
|-----------------------|--------------------------|-----------|
| Name | | |
| First Name (Surname) | Middle Name (Given name) | Last Name |
| Name of the Institute | | |
| Department | | Phone No. |
| Address | | City |
| State | Pin | Mobile |
| Email ID | | |

TYPE OF ANALYSIS

PFM Molecular Weight MS/MS Data Analysis

SAMPLE TYPE

Protein Peptide Small molecule DNA

| | | | |
|---------------------------|--------------------------------------|--|-----------------------------------|
| SAMPLE INFORMATION | <input type="checkbox"/> In solution | <input type="checkbox"/> Gel Plug | |
| | <input type="checkbox"/> Staining: | <input type="checkbox"/> Molecular weight / PI | |
| | <input type="checkbox"/> Conc.: | <input type="checkbox"/> Solubility: | <input type="checkbox"/> Buffer.: |
| | Source of the sample | | |

SAMPLE DATA

| S.No. | Sample ID | Sample Type | QC Status | conc/ μ l/volume |
|-------|-----------|-------------|-----------|----------------------|
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Signature of the
Wet lab supervisor

Signature of the
Group Head