

Project Submission Form

Project No.: Do not fill-for facility use

Date: _____

Name:

Lab/PI/grant #:

Telephone No.:

E-mail:

Purpose of experiment:

- MW Measurement
 Protein Identification
 Disulfide bond mapping
 Isotope Incorporation Rate
 PTM Identification
 Others _____

No. of Samples: _____

Sample Information

#	Sample Name	Gel	Solution	Note	MW	Species	Run #
		Silver (S) Comassie blue (C)					LTQ 4800
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

More samples use next page→

Special handling instructions:

Biological Mass Spectrometry Facility

#	Sample Name	Gel	Solution	Note	MW	Species	Run #
		Silver (S) Comassie blue (C)					LTQ 4800
11							
12							
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