

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 ◇ H-D exchange ◇ PTM Identification
- ◇ LC-MS/MS run ◇ Others _____

No. of Samples: _____

Sample Information

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