

SAMPLE SUBMISSION FORM

Mass Spectrometry

Proteomics Centre

University of Konstanz, Universitätsstraße 10, 78457 Konstanz, Room ML511, Tel.: 5306

Customer Identification

Name:	Date:
Group:	Phone:
Dept.:	E-mail:

Sample Identification

Center internal ID:

Sample name (as written on vial):

Sample format: solid liquid gel

Concentration / Amount: Calculated MW (Da):

Sample composition (salts, buffers etc.):

Analysis requested

Mass Determination

ESI (low-resolution) ESI (high-resolution) MALDI-TOF

Protein Identification

MALDI-TOF (Peptide Mass Fingerprint) nano-LC-MS/MS (Shotgun Analysis)

Protease: Trypsin Pepsin Asp-N Other:

Data Evaluation

Organism: Human Yeast Recombinant* Other:

Protein Modification: Phosphorylation Ubiquitination Other:

Quantitation: Spectral Counting Label-Free Isotopic Labels:

Comments:

* please send sequence

Signature: _____