



CFG Proteomics Service Submission Form

Principal Investigator: _____ Date: _____

Institution: _____ Department: _____

Address: _____

PI Phone: _____ PI E-mail : _____ Fax: _____

Lab. Contact Person: _____ Contact Phone: _____ E-mail: _____

Billing Contact: _____ E-mail: _____ Billing Fax: _____

Billing Address: _____

Grant No.: _____ [or] Purchase Order Number: _____

[or] VISA or MasterCard Account Number: _____ Expiration date: _____

Description of Samples:

Name	Source (human, yeast, etc.)	Estimated amount		Monomer Mass (kD)	Biohazard?	Radioactive?
		ug	pmol			

Service Requested:

- SDS-PAGE
 2D electrophoresis
 Gel imaging and analysis
 (In-gel) tryptic digestion
 Reduction /alkylation of Cysteines (unnecessary if < 1 cysteine, or gel pre-alkylated)
 MS/exact
 MALDI-TOF peptide mass mapping
 MW
 LC-MS
 LC-MS/MS
 LC-MS/MS/db protein ID
 De novo Sequencing (i.e., if not in database)
 Phosphopeptide ID (IMAC approach)
 2D LC-MS/MS (protein profiling)
 ICAT labeling
 Other _____

Buffer volume/composition; Precipitation method; Specific requested; Other information:

Acknowledgement for the UAlbany Proteomics Facility in Your Publication is Required