



**TU** Tufts University  
**CF** Core Facility

**Sample submission form for protein identification and Posttranslational modification analysis by LC/MS/MS**

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**CONTACT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**PI NAME:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**SAMPLE SPECIES:**  HUMAN  BOVINE  RODENT  ECOLI  YEAST **OTHER:** \_\_\_\_\_

Email any specific protein sequences to search to email above and check this box to let us know you are sending them ⇨

	<u>SAMPLE NAME</u>	<u>MW</u>	<u>ESTIMATED AMOUNT (fm, pm, ng, or µg)</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____

*\*Include a band from a blank area of gel, label the vial and list it above as "gel blank". No charge for analysis of gel blank.*

**SAMPLES DIGESTED?**  NO  YES: ENZYME: \_\_\_\_\_ **GEL STAIN:** \_\_\_\_\_  1D  2D GEL?  OR LIQUID?

**FOR LIQUID SAMPLES, LIST ALL BUFFERS, SALTS, DETERGENTS, ETC. IN SAMPLE (CONCENTRATION):** ↩

**SAMPLE COMMENTS:** \_\_\_\_\_

**PAYMENT METHOD** (COMPLETE AS APPROPRIATE, A PAYMENT METHOD MUST BE LISTED FOR WORK TO BEGIN ON SAMPLES):

- 1) TUFTS USERS: DEPT ID# \_\_\_\_\_ PROJ/GRANT# \_\_\_\_\_
- 2) NEMC USERS: COST CENTER #: \_\_\_\_\_; DEPT: \_\_\_\_\_; BOX #: \_\_\_\_\_
- 3) ALL OTHER USERS:  
 COMPANY NAME: \_\_\_\_\_  
 P.O. # / CC#: \_\_\_\_\_ EXP: \_\_\_\_\_ CREDIT CARD SECURITY CODE (BACK OF CARD) \_\_\_\_\_  
 SHIPPING ADDRESS: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_

**FACILITY USE ONLY:** | PROT ID?  PO4?  OTHER?  | IN-SOL'N?  |  
 DATE \_\_\_\_\_ PROT ID SAMPLES @ \_\_\_\_\_ PTM CHARGE @ \_\_\_\_\_