

Mass Spectrometry Submission Form

Date Sample Submitted: _____

Room: 2250 Biotech/Genetics Bldg • E-mail: mass_spec@biotech.wisc.edu • Ph: (608) 262-8732 • Dir: Greg Barrett-Wilt, PhD

Contact Information

Name: _____ Email: _____ Phone: _____

Advisor/Company: _____ UW Funding #: _____

UW System or Outside UW Are you a new client of the Biotechnology Center? Yes No

Sample Information

ID(s): _____

Intact Protein Peptide IP

Small Molecule Lysate Crude Mixture

Other: _____

Expected m/z or molecular weight: _____

Sample Concentration: _____

Sample Volume: _____

Sample Buffer: _____

Purified Sample or Complex Mixture

Known contaminants: _____

Required Sample Handling (Check all that apply):

Solution digestion In-gel digest Protein Assay (BCA)

Desalting/Clean Up LC Separation Precipitation

Please note any special handling requirements:

(ex. light sensitive, air sensitive, volatile, etc.)

Preferred Storage: -80°C -20 °C 4°C RT

Comments, Chemical Formula & Structure Information:

Hazardous Sample: Yes No

Sample Soluble In (Check all that apply):

H₂O Methanol Acetonitrile

Other: _____

Dispose of Sample or Keep for Pick Up (Limit 7 days)

Requested Services

ESI MS ESI MS/MS MALDI MS MALDI MS/MS LC-MS GC/MS GC/MS derivatization Offline HPLC

Intact Protein ESI MS LC-MS/MS (QQQ normal sensitivity) LC/MS/MS (QQQ high sensitivity)

Orbitrap LC/MS/MS Long Orbitrap LC/MS/MS Short Lipidomics

Ionization Mode: Pos. (+) or Neg. (-) Scan Mass Range: _____

Mass Spectrometry Lab Specialist: _____ Date of Analysis: _____

Instrument(s): _____ Services and # of Samples Analyzed: _____