**Sample Submission Form**

Please send this form both in print (submitted together with your samples) and electronically as an attachment to "proteomics@bioscience.fi".

**Contact information**:

|  |  |
| --- | --- |
| Name |       |
| Institute/ group |       |
| Phone |       |
| Email |       |
| Group leader/ Principal investigator |       |
| Invoicing detailsFor UTU internal invoices include also:Project numberCost poolPerson who accepts the invoice |       |

**Sample information:**

|  |  |
| --- | --- |
| Number of samples |       |
| Name of samples |       |
| Sample description |       |
| Sample origin (Species, e.g. human, mouse, E.coli etc.) |       |
| Estimated protein / peptide amount |       |

**Sample submitted as** (please check and describe, where applicable):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Entire gel | [ ]  | dry | [ ]  | wet | [ ]  | stained |       |
| [ ]  | Gel band | [ ]  | dry | [ ]  | wet | [ ]  | stained |       |
| [ ]  | Solution: |  |       |
| [ ]  | Pellet: |  |       |
| [ ]  | Digest: |  |       |
| [ ]  | Other: |       |       |

**Safety information**:

Is your material free from biological, chemical and radioactive hazard?

[ ]  Yes [ ]  No

If not, please state the nature of the hazard:

|  |
| --- |
|       |

**Requested analysis** (please check and describe, where applicable):

|  |  |  |
| --- | --- | --- |
| [ ]  | Protein identification by LC-MS/MS including digestion |       |
| [ ]  | Protein identification by LC-MS/MS for digested samples |       |
| [ ]  | Phosphoprotein or phosphopeptide analysis with TiO2 enrichment |       |
| [ ]  | Phosphoprotein or phosphopeptide analysis without TiO2 enrichment |       |
| [ ]  | Protein quantitation (always contact Proteomics Facility first) |       |
| [ ]  | Other       |       |

**General agreement**:

* If not agreed otherwise, the data will be provided in Excel file format. Please contact the facility, if you need the raw files.
* Data will be deleted after 6 months.
* If there is any leftover sample, it will be discarded after analysis.

[ ]  I accept the pricing-conditions of the Turku Proteomics Facility and agree to acknowledge Biocenter Finland and the use of the Turku Proteomics Facility’s service in any resulting publication.

Additional information:

|  |
| --- |
|       |

Date: Signature: