Patrons inside the University of Nebraska system

Date Submitted ___________________________ Cost Center ______________________________________

Principal Investigator ____________________________ Email __________________________

Phone ____________________________ Department __________________________

Lab contact ____________________________ Email __________________________

Phone ____________________________ Department __________________________

Sample IDs ____________________________________________

Please describe sample preparation ____________________________________________

Sample source (must specify if from human fetal tissues/embryonic stem cells, including SCNT) ____________________________

Requested Services (please check above website for list of instruments and prices)

□ Protein Identification (please specify amount) ____________________________________________

□ SWATH analysis (please specify amount and/or replicates) ____________________________

□ Molecular Weight Determination (please specify range, amount and type of molecule) ____________________________

Requested Instrument ____________________________________________

Requested Lab Services (check all that apply)

□ In-Gel Digest □ Off-gel fractionation □ 1D electrophoresis

□ In-Solution Digest □ iTRAQ labeling □ Gel Staining

□ Western Blot (PI must provide own antibodies) □ Sample Clean-up (i.e. PepClean, HPLC, etc.) ____________________________

□ Other (please explain) ____________________________________________

Database Search Preferred Database (i.e. NR, uniprot, etc.) ____________________________

Sample species ____________________________ Cys Alkylation (Iodoacetamide, MMTS, etc.) ____________________________

Labeling type: □ SILAC ____________________________ □ iTRAQ ____________________________ □ other ____________________________

Any special factors (i.e. gel digest, urea denaturation, phosphopeptides, modifications, etc.) ____________________________