



Carleton Mass Spectrometry
Centre

Sample Submission Form- Gel-Band Proteomics

Client Information

Submitted by:	
Date:	
Principal Investigator:	
Company/Institution:	
Department:	
Phone Number:	
Email Address:	
Mailing Address:	

Sample Information

Number of bands to analyze:	
MW of Bands:	
Requested Digestion Enzyme:	____ Trypsin ____ Other
Gel Stain:	____ Coomassie ____ Silver Stain ____ Other
Sample Description:	
Best Storage Conditions:	

Analysis Required

Front End: ____ nano-HPLC

____ UPLC

____ HPLC

Quantitation: ____ Peptide Counts

____ MRM

____ Other

PTM Detection: ____ Glycosylation

____ Phosphorylation

____ Other

TrEnDi: ____ Yes ____ No

Special Instructions

CMSC SIGNATURE _____

CLIENT SIGNATURE _____

CMSC USE ONLY

Received By:	
Date Received:	
Quote Given:	
System Used:	____ QTOF ____ QSTAR ____ QTRAP ____ WATERS ____ AB2000
Date Performed:	
Date Invoiced:	