



ORDER FORM II - LC- MS Services

SECTION I. SAMPLE INFORMATION

Please complete details for every sample to be submitted. Use extra copies if necessary.

SAMPLE ID/NAME	
NATURE OF SAMPLE <input type="checkbox"/> Gel band <input type="checkbox"/> Pure sample <input type="checkbox"/> Protein lysate <input type="checkbox"/> Others: _____ <input type="checkbox"/> Crude extract	BUFFER/SOLVENT COMPOSITION OF SAMPLE (if applicable)
STAINING METHOD (if appropriate)	SAMPLE WEIGHT (if dry sample)
DESIRED SOLVENT (if dry sample)	SAMPLE VOLUME (if solution)
SOLVENT USED (if solution)	SOURCE ORGANISM
ANY TREATMENTS PRESENT IN THE SAMPLE (e.g. acetone, sucrose, precipitation, etc.)	CHEMICALS USED FOR REDUCTION



<p>RISK ASSESSMENT (Check all that apply.)</p> <p><input type="checkbox"/> Explosive under heat, shock, or pressure</p> <p><input type="checkbox"/> Reactive in contact with metal/others (specify) _____</p> <p><input type="checkbox"/> Toxic</p> <p><input type="checkbox"/> Carcinogenic/Mutagenic</p> <p><input type="checkbox"/> Flammable</p> <p><input type="checkbox"/> Corrosive</p> <p><input type="checkbox"/> Harmful if inhaled</p> <p><input type="checkbox"/> Skin and/or eye irritant</p> <p>SAMPLE BIOSAFETY LEVEL REQUIREMENT: _____</p>	<p>STORAGE CONDITIONS</p> <p><input type="checkbox"/> Room temp</p> <p><input type="checkbox"/> Room temp with aluminum foil cover</p> <p><input type="checkbox"/> 4°C refrigerator</p> <p><input type="checkbox"/> Ultra Low freezer</p> <p><input type="checkbox"/> Others: _____</p>
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LC-MS REQUIREMENT

Preferred nature of column (please provide at least two):
 1. _____ 2. _____

Preferred LC Method:

Isocratic (Indicate preferred solvent concentration): _____

Gradient

Preferred Mobile Phases (please choose two):

Water with 1% FA

Acetonitrile with 1% FA

Methanol with 1% FA

Water: Acetonitrile mixture with 1% FA (Indicate concentration): _____

Water: Methanol mixture with 1% FA (Indicate concentration): _____

Methanol: Acetonitrile mixture with 1% FA (Indicate concentrations): _____

Suggested Flow Rate: _____

Masses/Ions of Interest: _____

TO BE FILLED OUT BY PPMF LAB PERSONNEL			
Received by:		Client ID No.:	
Signature:		REMARKS:	
Date:			



SECTION II. SAMPLE LIST

Please fill out this table for all the samples to be submitted.

No.	SAMPLE DETAILS	TYPE OF SERVICE (Refer to Section III)	FOR LAB USE		
	Sample ID/Name		Expt. Ref. no.	Checked by.	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(Please append extra table if necessary)

Comments:



SECTION III. SERVICES

Please write the services to be availed in Section II. For Protein Services, refer to Order Form I - Protein Services. Figures shown are prices as of Feb 29, 2021. Please consult the PPMF website for updated prices.

Please read the following sample submission conditions and affix your signature below to signify your consent:

1. I have read and understood the Proteomics Analysis Price List and agree to the charges and to the Terms and conditions of the facility
2. **Hazards** – I declare that the sample(s) are non-harmful, non-pathogenic, and non-radioactive
3. I have completed all the pages of this order form with details of each sample submitted for analysis
4. For undergraduate students, please ensure your principal investigator signs this form

Note: Please be aware that samples are destroyed or consumed in the process and cannot be returned to the client/s.

Authorized Signature: _____ **Date:** _____