

Customer Number:

Job Number:

Request for Mass Spectrometric Analysis

Advanced Mass Spectrometry and Proteomics Laboratory

Department of Molecular Biology and Immunology

University of North Texas Health Science Center

3500 Camp Bowie Blvd

Ft. Worth, TX 76107

<http://www.hsc.unt.edu/prokai/mslab/MainPage/>

Received By: _____

.....	
Date	E-mail
Investigator Name	Submitted by
Address	
Department	Phone
Account Number	

Sample Information

Sample name.....

Sample origin.....

Molecular weight (if known).....

Estimated concentration.....

Storage Conditions.....

Solution dissolved in.....

Special request, comments or instructions
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Sample Analysis Requested

Molecular mass determination

Protein identification

GC-MS

Custom project*

* Please, contact Dr. Laszlo Prokai prior to sample submission.

do not write below this line ** UNTHSC Mass Spectrometry Facility Use Only **** do not write below this line**

Analyst(s):

Filename(s):

Date:

Charges: \$