

MALDI TOF/TOF SAMPLE SUBMISSION FORM
CENTRAL INSTRUMENTATION FACILITY
 Biotech Center, University of Delhi South Campus,
 Benito Juarez Marg, New Delhi -110021
 E-mail: cifudsc@south.du.ac.in

To
 Professor- in-charge
 CIF, UDSC

Dear Sir/Madam,
 Machine ready test samples (no-) as detailed below are sent herewith for processing at the CIF.

Principal Investigator: _____ Phone: _____

Department//Institution: _____

Researcher: _____ Phone: _____

Email ID: (PI): _____ Researcher): _____

Mode of Payment: CIF A/C DD Cheque

If DD/ Cheque, DD/Cheque No. _____ Bank _____ Date _____

NOTE: THE DRAFT/CHEQUE HAS TO BE MADE IN THE NAME OF DIRECTOR, UDSC.

- Whether sample **has to be trypsinized** at CIF: Yes No
- Sample analysis type: PMF MS-MS of peptides Intact mass
- Matrix for MALDI: DHB CHCA Sinapic acid (CHCA will be used unless otherwise indicated)

S. No.	Sample name	1D/2D digest	Stain used	Approx. conc.	Taxonomy	Approx. M.Wt.(kDa)

Undertaking

I/We undertake to abide by the sample preparation guidelines. I/We submit the sample(s) in good faith and CIF will not be held responsible for loss/damage due to reason(s) beyond its control. I/We shall give due acknowledgement to the facility in the results so published in the journals.

Signature of Indentor and date

**Signature of PI
 (With stamp and date)**

Space below for CIF/UDSC use only

Received By: _____	Sample code : _____
Date of receiving : ___/___/_____	Date of completion: ___/___/_____
Date of report sent: ___/___/_____	
Total Charges: _____	
Remarks if any: _____	

Signature of Technical Person

(Signature of Faculty In-charge)