**LC-MS ORBITRAP 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/processed** at CIF: Yes No
* Sample analysis type: Proteome profiling MS-MS of peptides Intact mass

Label free quantification PTM\* information if PTM information please specify

Labeled quantification Type of labelling

**Note: If labeled quantification then user has to do labelling and provide related information in separate sheet.**

Please provide information related to sample-

* Type of sample: cell lysate proteins precipitate solubilized precipitate ready to use

|  |  |  |
| --- | --- | --- |
| S. No | **Sample related queries** | **Remarks**(If required, attach separate sheet also) |
| 1. | Amount of protein precipitate in µg (at least 100 µg total protein is required for sample processing in case of whole cell lysates; for other samples contact CIF proteomics staff) |  |
| 2. | Protein type e.g. membrane/ secretory/cytosolic/nuclear matrix etc. |  |
| 3. | Type of cell/tissue/organism |  |
| 4. | If proteins are precipitated then method of precipitation  |  |
| 5. | If protein precipitate is solubilized then mention buffer in which it was solubilized and mention concentration |  |
| 6. | Method of proteins concentration measurement e.g. Bradford, Lowry etc. (Attach separate sheet) (please avoid NanoDrop for concentration measurement)  |  |
| 7. | Has sample been enriched for proteins/PTM\* you are looking for? If yes, mention type of enrichment. |  |

\* Post-translational modification

A brief note about the about sample preparation (if required attach separate sheet also)

* Any specific database to be searched during data analysis: Yes No If yes, then please provide database link to our email: cifudsc@south.du.ac.in
* Any other related information

**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 Indenter 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)**