

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)