

Serial No.

(For office use only)

Date

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Y | Y | Y | Y

PROTEOMICS REQUISITION FORM**nLC QTOF****CLIENT INFORMATION**

Name

First Name (Surname)

Middle Name (Given name)

Last Name

Name of the Institute

Department

Phone No.

Address

City

State

Pin

Mobile

Email ID

APPLICATION - Offline Analysis Exact Mass IMS Mol Wt**APPLICATION - Onine Analysis** Protein profiling iTRAQ + SCX iTRAQ - SCX LFIQ

SAMPLE TYPE	<input type="checkbox"/> Protein <input type="checkbox"/> Peptide <input type="checkbox"/> Small molecule
	<input type="checkbox"/> In solution <input type="checkbox"/> Gel Plug
SAMPLE INFORMATION	<input type="checkbox"/> Staining: _____ <input type="checkbox"/> Molecular weight/ PI _____
	<input type="checkbox"/> Conc.: _____ <input type="checkbox"/> Solubility: _____
	<input type="checkbox"/> Buffer: _____
	Source of the sample :

SAMPLE DATA

S.No.	Sample ID	Sample Type	QC Status	conc/μl/volume

Signature of the
Wet lab supervisorSignature of the
Group Head