

# MS analysis request

**Samples can only be accepted when labelled appropriately using the date and the investigators name!**  
 1) Contact the facility about sample preparation 2) Fill this form and send it with your samples

## Researcher information

Name:	Phone:
Institution/Group/Teamleader:	Email:
Cost Center:	Date:

Email: [b.siebels@uke.de](mailto:b.siebels@uke.de)

## Sample information

Number of samples:	Modifications:
Biological host:	Expression host:

Cut here and fix the label on the corresponding tube

#	Requested analysis	Concentration [µM]	Volume <sup>1</sup> [µL]	MW <sup>2</sup> [kDa]	Staining <sup>1</sup>	Description of sample buffer (salts, additives, detergents...)	MM_YYMMDD_Nr. your initials_Date_Sample nr	MM_YYMMDD_Nr. your initials_Date_Sample nr
							e.g. PK_140415_1	e.g. PK_140415_1

<sup>1</sup> If you provide a stained gel for protein identification, please write "gel" in sample volume.  
<sup>2</sup> molecular weight on the SDS-PAGE corresponding to the marker

Use this free-text box to add any additional information which might be relevant to your analysis:

With his signature, the scientist acknowledges the user regulations of the core facility

Sample(s) sent by (signature): \_\_\_\_\_ Date: \_\_\_\_\_