

Laboratory for Biological Mass Spectrometry

T e x a s A & M U n i v e r s i t y

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Date: _____

General Information

Submitter		PI:	
e-mail		Email of PI:	
Phone Number		Account #	
Sample ID		Department/Institution	

Type of Service

Intact mass	<input type="checkbox"/>	Digestion with PMM (MALDI)	<input type="checkbox"/>
High Accuracy Protein Mass (sample must be salt free, no Na, K, buffer, etc.)	<input type="checkbox"/>	Digestion with PMM and sequencing (MALDI)	<input type="checkbox"/>
Top- down sequencing	<input type="checkbox"/>	MALDI-TOF peptide mass mapping	<input type="checkbox"/>
Protein Complex	<input type="checkbox"/>	MALDI-TOF/TOF peptide mass mapping with sequencing	<input type="checkbox"/>
PTM Analysis	<input type="checkbox"/>	LC-MS/MS (Protein Identification)	<input type="checkbox"/>
Other (describe):			
LBMS PERONNEL ONLY	ESI MS SynaptG2 QStar	LC MS SynaptG2 QStar	4700 4800
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Sample Information

- Are any buffers, detergents or salts present? No Yes List _____
- Was sample purified? No Yes List _____ Solvent used _____
- Solution concentration _____ Solvent is _____
- Radioactive? Irritant? Other known hazards _____
- Chemical Formula: _____
- Molecular Mass: _____
- Additional Comments:**