Name and e-mail address:	Phone:	Budget #:	Date:	Request for Protein ID Please provide all available information!
PI (name and e-mail address):	Organization and M	lailing Address (if outside Univ	versity Park):	
Sample Identifier				
(vial ID should match worksheet ID):	Protein in solution:	□ mixture □ contains	% of	detergent (specify)
	□ needs 1D PAGE	□ needs 2D PAGE □ pu	rified by	(Ni, IP, SEC, IEC)
□□	□ approx. conc.:	(w/v or M)	□ buffer	
	Protein in gel: # of	gel bands (samples):	$\Box$ stained with	□covered with
□□	approx. MW(s) □	0C	]	or 🛛 labeled gel image attached
	Protein digestion mixture: enzyme(s): □ Cys CAM (IAA) □ Cys other (specify)			
	🗆 other mod.: residu	ue mod. formula C H	0_N_S_X_	$\Box$ dissolved in $\Box$ lyophilized
Attach a word document and/or gel image if necessary.				
Species: 🗆 known unknown (meeting with the facility staff is recommended)				
If recombinant, tag sequence and location (N- or C-term.):				no tag
Protein accession number(s):				Uunknown
Protein sequence with tags in FASTA format or .txt (no spaces, numbers, or special characters) 🗆 e-mailed to:				
Purpose of the analysis: 🗆 known protein confirmation 🛛 unknown protein identification 🖓 analysis of PTMs: 🗋 other				
Special instructions and comments				
Facility notes				
Analyst: Instrument:	Direc	ctory/file: D	ate completed:	Billed:

The Huck Institutes of the Life Sciences - Proteomics and Mass Spectrometry Core Facility