Nevada Proteomics Center

Mass Spectrometry Submission Form

Submit form
with sample(s) to:
Nevada Proteomics Center
Mail Stop 200
University of Nevada, Reno
1664 North Virginia Street
Reno Nevada, 89557

Lab contact

Name: _____

Institution: _____

Department: _____

E-mail: _____

Phone: _____

Billing contact (e.g. PI)

Name: _____

Address/Mail Stop: _____

City, State, Zip: _____

Phone: _____

Email: _____

PO # or Account Number: _____

SERVICES REQUIRED

Date:

	# of Sample
☐ Robot Cut spots	_____
☐ MALDI TOF/TOF analysis	_____
☐ In-gel digestion	_____
☐ LC/MS analysis	_____
☐ LC/Probot/MALDI	_____
☐ Direct Infusion LC/MS	_____
☐ GC/MS	_____

Sample information _____

Name	Buffer	State	Source	Amount

Nevada INBRE
IDeA Network of Biomedical Research Excellence

Investigators using Nevada INBRE facilities, services or resources are required to cite NIH Grant Number P20 RR-016464 from the INBRE Program of the National Center for Research Resources in all publications and presentations.

National Institutes of Health

National Center for Research Resources

For lab use

% of setup:

Hours of data analysis:

☐ MASCOT
☐ Scaffold
☐ Proteus