

## Request for Analysis

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### User details

Name

Phone

Email

Supervisor

Address

Account/Order Number

**Sample details** and number of samples

Aim of analysis

### Please specify required analysis

(or discuss details with us and we will complete this section for you)

Sample preparation	Protein/peptide fractionation	Mass spectrometry
Protein digestion <input type="checkbox"/>	1-DE <input type="checkbox"/>	MALDI MS <input type="checkbox"/>
Enzyme <input type="text"/>	IEF <input type="checkbox"/>	MALDI MS/MS <input type="checkbox"/>
Zip Tip purification <input type="checkbox"/>	2-DE (mini) <input type="checkbox"/>	LC-MALDI MS <input type="checkbox"/>
N-term sulfonation <input type="checkbox"/>	2-DE (large) <input type="checkbox"/>	2-D LC MALDI MS <input type="checkbox"/>
Other treatments	1-D LC (peptides) <input type="checkbox"/>	ESI IT MS/MS <input type="checkbox"/>
<input type="text"/>	2-D LC (peptides) <input type="checkbox"/>	LC-ESI IT MS/MS <input type="checkbox"/>
	Other fractionation	Intact mass (MALDI) <input type="checkbox"/>
	<input type="text"/>	Intact mass (ESI) <input type="checkbox"/>
		Sequence tag <input type="checkbox"/>
Data Analysis	Other analyses	
Database search <input type="checkbox"/>	Edman sequencing <input type="checkbox"/>	Number of aa <input type="checkbox"/>
LC-MS data interpretation <input type="checkbox"/>	Other analyses	
De Novo sequencing <input type="checkbox"/>	<input type="text"/>	

**Signature:** By signing the "Request for Analysis" form you have indicated that you have read and understood the terms stated under "Request for Analysis" on our Web Site and agreed with our terms and conditions elaborated therein. Note: Students need the signature of their supervisor.

Signature

Date