

PROTEOMICS CORE FACILITY SERVICE REQUEST FORM

This form will allow us to identify your requirements in order to prepare the most suitable offer for your request.

Contact information

Name, Firstname:

E-mail:

Phone:

Laboratory:

Team:

Address of laboratory:

Name, Firstname of the PI (if different from contact person):

If the paying agency is different from the laboratory, please provide details:

Project

Title of project:

Acronym:

Description of the project objectives:

Requested service

Number of samples:

Organism/Species:

Requested service:

PROTEIN IDENTIFICATION FROM COMPLEXE MIXTURES

LC-MALDI standard (340 dépositions)

LC-MALDI quantification (340 dépositions, triplicates required)

LC-MALDI short run (170 dépositions, minimal complexitey)

MALDI IMAGING

Standard slide imaging

The User

Name:

Date:

Please send this document back to me by email at the following address: jean-baptiste.vincourt@univ-lorraine.fr