

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 ANALYSIS

LC-TimsTOF surface (low complexity)

LC-TimsTOF deep (high complexity)

LC-TimsTOF quantification (requires at least 3 replicates per experimental group)

PEPTIDE ANALYSIS

Direct analysis

Analysis after total hydrolysis

Signature:

Date :

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

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