



Proteomics International

REQUEST FORM 002

De Novo peptide sequencing

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Lab Use



ISO/IEC 17025

SECTION A

Contact details		
Name		Billing Address
Organisation/ Institution		Email
		Telephone
Purchase Order Number		Fax

Sample Information - Please complete details on both pages & sign page 2	
Source: (e.g. gel band, freeze-dried or aqueous sample)	Buffer composition:
Staining method: (e.g. Coomassie, silver*, other)	Amount of protein in sample(s):
Note: *Please request mass spectrometry silver stain protocol first.	Purity of sample(s):
	Volume of liquid sample(s):
No. of Samples (n):	Chemicals used for reduction & alkylation, if any:

Proteomics Analysis price guide as of June 2020. Consult our website for latest price information.

Service 002 - De Novo peptide sequencing	Price (USD)
By mass spectrometry (MS/MS service 001 plus De Novo) for proteins that cannot be identified by automatic database analysis	Single (pure sample) \$95 per peptide analysed (plus single sample MS/MS fee 001)

Lab use only:

Prep Received:		Plate No./Spot set:	
Processed/Operator:		MS data analysis/Operator:	
QC No:		Report Reference:	
Enzyme Lot No:		Checked Workflow:	
Special Considerations:		Checked Report:	

SECTION B

For each sample please provide the following information if known:

No.	Sample Details		Lab use only			
	Sample Identification	Molecular mass (kDa)	PI number	Spot No.	Checked by	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

(Please append extra table if required)

Comments:

Please sign here below:

1. I have read and understood the Proteomics Analysis Price List and agree to the charges and to Proteomics International's standard Terms and Conditions (available at: <http://www.proteomics.com.au/analytical-services/terms-and-conditions/>).
2. **Hazards:** I declare that the sample(s) are non-harmful, non-infectious and non-radioactive.
3. I have completed both pages of this submission form with details for each sample submitted for analysis.
4. For students, please ensure supervisor signs this form.

Note: Please be aware that samples are destroyed by analysis and cannot be returned.

Authorised Signature _____

Date: _____