



UMBC MCAC Proteomic timsTOF
 Sample Submission Form
 Submit samples to MCAC at UMBC in ILSB Room 221

Client Information

First/Last Name _____

Primary Investigator _____

Firm/Department _____

Phone _____ Alt Phone _____

Email _____

Sample Information

Name _____

Genus/Species/Strain _____

Storage Room Temp 4° C -20° C

Date: Mo/Da/Yr _____

Enzyme used _____

Buffer _____

_____ Number of injections desired per sample. If left blank, the default value is 2

Yes No Have you completed and received our reply for an online sample submission form?

Yes No Is the sample digested and cleaned according to MCAC protocols, ready for analysis?

Yes No Did you use Tween or Triton at any point in the preparation of sample?

What do you hope to determine from this analysis?

For MCAC use only

Identifier _____

Concentration _____

Receive Date _____ Run date _____