Title: Mass Spectrometry Submission Form		Effective Date: 01/24/23
Author: Cathy Thorpe	Approved By: *Sabira Winschum*	Version: 1.1

inbio

Please email form to:
Sayeh Agah, PhD-
sagah@inbio.com

Please send samples to:
InBio
Mass Spectrometry Services
700 Harris Street
Charlottesville, VA 22903

Mass Spectrometry Sample Submission Form

Sample Information	Biological Content
Sample ID: _____ Concentration: _____ Volume: _____uL Buffer: _____ Check box if this sample contains/was exposed to: ☐ **Detergents** ☐ **Insoluble matter** ☐ **DMF** ☐ **SDS** ☐ **Glycerol** ☐ **DMSO** Sample is: ☐ **Unprocessed** or ☐ **Purified**	Natural or Recombinant: _____ Source/Host Organism: _____ Recombinant gene products present: ☐ **Yes** ☐ **No** -If yes, include info/sequences in attached form. Tags/chemical labels present: ☐ **Yes** ☐ **No** -If yes, include specific info in attached form. Biosafety Level: ☐ **1** ☐ **2** ☐ **3**

Additional Information

Special handling notes: (ex. Light sensitive, temperature sensitive, volatile/hazardous, etc.)

_____

_____

_____

Preferred Storage: ☐ **-80°C** ☐ **-20°C** ☐ **4°C** ☐ **RT**

Dispose of sample or store sample: ☐ **Dispose** ☐ **Keep (up to 7 days)**

Analysis Services

Protein Identification (peptide mapping)	
☐ In-solution Digestion – IBMS-ID	
☐ In-gel Digestion - IBMS-ID	
☐ Complex Analyte Identification – IBMS-PP	
☐ Intact Analysis – IMB-IM	

REC-056

Title: Mass Spectrometry Submission Form		**Effective Date:** 01/24/23
Author: Cathy Thorpe	**Approved By:** *Sabira Wirschuan*	**Version:** 1.1

Please send samples to:
InBio
Mass Spectrometry Services
700 Harris Street
Charlottesville, VA 22903

Billing Information

Date: _____ Name: _____ Phone: _____

Company: _____ PO#: _____

CC#: _____

Analyte Information

REC-056

Title: Mass Spectrometry Submission Form		**Effective Date:** 01/24/23
Author: Cathy Thorpe	**Approved By:** _Sabila Büschuan_	**Version:** 1.1

Please send samples to:
InBio
Mass Spectrometry Services
700 Harris Street
Charlottesville, VA 22903

Analyte of Interest: Sequence type: ☐ **Natural or** ☐ **Recombinant**

Name: _____   If available, UniProt Accession #: _____

Notes: _____
_____
_____
_____

Sequence:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____