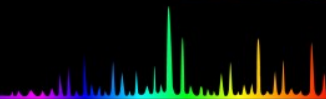




PROTEOMICS CORE FACILITY



Proteomics Service Request Form

Date _____

Contact name _____ ☞ Position _____

Principal investigator _____ ☞ Phone/Fax _____

Department or organization _____ ☞ E-mail ☞ _____

Address _____

Person responsible for payment, if not user above

Billing address _____

Billing phone _____ Billing e-mail _____

Source of funds (e.g. NSF, NIH) _____

Description of
the experiment
and objectives

Fill by customer:

of samples

Fill by core:

Quote

EWh[UWZVW] 1ef

Initials/Date/Comments

MALDI TOF MS _____

Samples received ____/____/____

MALDI TOF MS/MS _____

Samples analyzed ____/____/____

LC-IonTrap MS Q____
(amaZon)

Data submitted ____/____/____

LC-Q/TOF MS Q____
(maXis Impact)

Invoice sent ____! ____ ☞ ____ ☞

Data analysis Q____

Payment received ____/____! ____ ☞

Consultation _____

Total Amount

PI signature _____

Please submit this form to: protcore@hawaii.edu