

## MALDI-MS Request Form

Name \_\_\_\_\_ Date submitted \_\_\_\_\_

Lab # / Phone # \_\_\_\_\_

Research Group Advisor \_\_\_\_\_

Sample Type (whole protein/peptide/polymer/ etc.) \_\_\_\_\_

Expected molecular weight or mass range of interest \_\_\_\_\_

Solution solvent/buffer \_\_\_\_\_

Concentration of sample \_\_\_\_\_

Has the sample been desalted? Yes \_\_\_\_\_ No \_\_\_\_\_

How should sample be stored? \_\_\_\_\_

What information are you