

LSI Mass Spec Sample Submission Form

Lab Information:

Name:	Lab number:	PI Signature:
Date:	Tel:	E-mail:

Sample Information:

Sample Numbers: 算上重复	Species: 常见名 (拉丁名)
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Sample Names

每个样本名称不要超过 6 个字

Measurement Required

Sample Type:	Protein Gel <input type="checkbox"/>	protein solution <input type="checkbox"/>	cell <input type="checkbox"/>	tissue <input type="checkbox"/>	others <input type="checkbox"/>	按照自身的样本类型选择
	Buffer composition: 详细的配方, 无配方不接受样本					
Measurement Required:	Single protein identification: <input type="checkbox"/>	ID: 单蛋白鉴定需要填写目的蛋白的 ID				
根据目的选择技术服务类型 (可多选)	Map Protein Modification: <input type="checkbox"/>	<input type="checkbox"/> Phosphorylation <input type="checkbox"/> Acetylation <input type="checkbox"/> Ubiquitination <input type="checkbox"/> Methylation <input type="checkbox"/> Lactylation <input type="checkbox"/> others _____				
	Protein mixture identification <input type="checkbox"/>					
	Target Protein <input type="checkbox"/>	ID: 混合物中关注的重点蛋白				
	Quantitative Proteomics <input type="checkbox"/>					
	Quantitative Phosphomics <input type="checkbox"/>					

Other Experiments:

Please contact us for discussion.