



INDIAN INSTITUTE OF TECHNOLOGY, MADRAS  
DEPARTMENT OF BIOTECHNOLOGY

PROTEOMICS ANALYSIS REQUEST FORM

To be filled by the Researcher:

1	Name of the Researcher:	
2	Name of the Scientist/ Industry:	
3	Sample Name/ Label:	
4	Source of the sample (Animal/Plant): (i) Origin (Tissue/Cell Culture/ Plant):	
5	Protein Concentration used for digestion:	
6	Volume ( $\mu$ L):	
7	Type of sample: (Gel Band/2D Gel spot/Insolution digest)	
8	Enzyme for digestion: (i) Protein/ Enzyme Ratio:	
9	Reduction	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Alkylation	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Desalting	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Purpose of Experiment: (Identification/Quantitation/Intact mass analysis)	
13	Date of Submission:	
14	DD Number& Date:	

Signature of Research Supervisor

To be filled by Analyst:

1	Date of analysis:	
2	Method:	
4	Tune file:	
5	Loading Conc ( $\mu$ g/ng):	
6	Loading Volume ( $\mu$ l):	
7	Raw file folder:	