

INSTRUCTIONS FOR FILLING OUT THE MASS SPECTROMETRY & PROTEOMICS FACILITY SERVICE REQUEST FORM

**PLEASE NOTE: the Mass Spectrometry & Proteomics Facility
CANNOT ACCEPT RADIOACTIVE OR HAZARDOUS MATERIALS**

- ❖ Download the Form from our website **each time** you submit samples.
 - The Form is subject to change and should not be saved.
- ❖ Type your information on the Form; the Form posted on our website is a writable PDF file.
 - **Please do not submit handwritten Forms.**
- ❖ Fill out **all** the Contact and Billing Information completely each time you submit samples.
 - The OSU On-Campus Form is for OSU researchers only.
 - The Billing Information is filled out the same as a 100W.
 - The Off-Campus Form is to be used if you are using a PO to pay for our services or you are not an OSU faculty member.
 - Consult your department fiscal office for your purchasing policies & procedures.
- ❖ The Form **must have** an original Authorized Signature before you submit your sample(s).
- ❖ Attach extra sample information or copy it on the back of the Form, if appropriate.
 - If you are submitting multiple samples, you can fill out one Form and attach a list with the sample information.
- ❖ You will be requested to submit a new Form if:
 - The Form is not signed or is not legible.
 - Your data will be held until a new Form as been received.
- ❖ Please feel free to call or email us if you have any questions.

Contact Information:

Web Address: www.ccic.ohio-state.edu/MS

Lab Hours: 8:00am to 4:00pm, Monday through Friday.

Mailing Address: The Ohio State University, Mass Spectrometry & Proteomics Facility, 460 W 12th Ave, 250 Biomedical Research Tower, Columbus, OH 43210

Phone: 614-292-4821:

Option 1: Robin Gates – forms, billing, or general Facility questions.

Option 2: Dr. Kari Green-Church – current or future projects, sample prep, or results questions.

Option 3: Main Lab or Lab Staff – dropping off samples, sample prep information, or lab information.

Fax: 614-292-5955

THE OHIO STATE UNIVERSITY – MASS SPECTROMETRY & PROTEOMICS FACILITY***ON-CAMPUS SERVICE REQUEST FORM***

Bring sample(s) and the Service Request Form to our Facility between 8am & 4pm, Monday – Friday.

Bring your Buck ID for access to our Facility in the Biomedical Research Tower.

Please type all information on Form and have Form signed prior to submission.**CONTACT INFORMATION:**

Date Submitted: _____

Student Name: _____ Email: _____ Phone: _____

Advisor Name: _____ Email: _____ Phone: _____

Dept: _____ Is Advisor Comp Cancer Ctr Member: Yes _____ No _____

BILLING INFO: Org:**Account: 63606****Budget Yr:****Fund:****Program:****User Def:****Proj #:****Authorized Signature (REQUIRED):** _____ **Title:** _____**PLEASE NOTE: WE CANNOT ACCEPT RADIOACTIVE or HAZARDOUS MATERIALS****Protein Sample Information**

Sample Name: _____

Sample Type (check one):

____ Cell Pellet - Number of Cells / Pellet: _____

____ Protein in solution - specify concentration of protein and molarity of other constituents (salts, buffers, etc.): _____

____ Gel Spot / Band (check one): ____ Sypro Stained ____ Coomassie Stained

____ Other (please specify): _____ Genus & Species of Source Organism: _____

Additional Comments/Brief Description of Desired Analysis: _____

Small Molecule Sample Information

Sample Name: _____ Sample Quantity: _____ mg Concentration: _____

Soluble in (check one): ____ Methanol ____ Acetonitrile ____ Water ____ THF ____ Chloroform

Analysis (check one): ____ Accurate Mass (<1000 amu) ____ MS Analysis (>1000 amu) ____ Nominal Mass (<1000 amu)

____ GC-MS Injection ____ LC-MS Injection ____ Staff Time

Formula: _____ MW: _____

Additional Sample Comments: _____

For accurate mass analysis, draw structure on reverse or attach a picture using a full sheet of paper.

Self-Op Use (Check One): Esquire ____ GC-MS ____ LC-MS ____ LCT ____ # of Samples: ____

Date Used Instrument: _____ Time Started: _____ Time Ended: _____

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SAMPLE ID #: _____
 (Office Use Only)