



# Mass Spectrometry Facility

Advanced Analysis Centre  
Science Complex Rm. 1205  
Tel. 519-824-4120 ext. 58649  
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## Request for Intact Protein Mass Spectrometry Analysis

<b>Date Submitted:</b>				<b>E-mail:</b>			
<b>Submitted By:</b>				<b>Phone Number:</b>			
<b>Post-doc</b>	<b>PhD</b>	<b>MSc</b>	<b>UnderG</b>	<b>Tech</b>	<b>Faculty</b>	<b>Other</b>	
<b>Supervisor:</b>				<b>Department:</b>			

Please check if you want the rest of your sample returned

<b>Sample Code:</b> Please use separate sheet if space is not enough	<b>Number of Samples:</b>
<b>Expected Molecular Weight (monoisotopic):</b>	<b>Approximate Concentration:</b>
<b>Sample Desalt or Concentration Required (additional cost):</b> Yes          No	<b>If so Details:</b>

For price information please visit <https://www.uoguelph.ca/aac/facilities/mass-spectrometry>

I approve payment for this work within a 10% variance of estimated amount quoted at <https://www.uoguelph.ca/aac/facilities/mass-spectrometry> and I authorize the Mass Spectrometry Facility and CBS Clerical Unit Staff to charge my

Trust Fund# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - 64251

*Please provide full coding*

Signature: \_\_\_\_\_