Ludwig-Maximilians-Universität München

Faculty of Biology Proteomics Service

**Großhadernerstr. 2-4**

**82152 Planegg-Martinsried**

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**Staff Room Phone E-mail**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SAMPLE SUBMISSION FORM**

Please send this form to [ms@bio.lmu.de](mailto:ms@bio.lmu.de)

**Your contact information**

Name: Click or tap to fill in Research group: Click or tap to fill in

Phone: Click or tap to fill in E-mail: Click or tap to fill in

Faculty/address: Click or tap to fill in Submission date Click or tap to fill in

**Sample information**

Number of samples: Click or tap to fill in

Sample names: Click or tap to fill in

|  |  |
| --- | --- |
| Single gel band | Solution |
| Other, please define: Click or tap to fill in | |

Sample type:

*For single gel band samples For in solution samples*

Coomassie stained Volume: Click or tap to fill in

Silver stained Protein concentration: Click or tap to fill in

Please paste annotated gel image below! Buffer composition: Click or tap to fill in

Please provide a short description of the experiment:

(e.g. shotgun proteomics, Co-IP, single protein identification etc.)

Click or tap to fill in

**Required information for data analysis**

Host organism: Click or tap to fill in

Protein of interest: Click or tap to fill in

If your protein of interest is modified (e.g. His-tag) please provide the sequence here:

Click or tap to fill in

If label quantification is requested, please define here:

LFQ (MaxQuant)

iBAQ

**Annotated gel image:**



**Pricing option**

Option 1- Service

Option 2 - Collaboration

I herby confirm that I have read and agree with the user conditions.

Date: Click or tap to fill in. Signature: 