**University of Illinois at Urbana-Champaign Protein Sciences Facility
Service Request Form**

**User Information**

|  |  |  |
| --- | --- | --- |
| User name: | PI name: | Date: |
| Phone: | Address:  | Email: |
| University of Illinois 19 digit FOPAL number:  |
| Off campus: *contact facility to provide credit card information* |

**Sample Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Protein Concentration | Sample Type (gel piece, liquid, beads, etc) | Stain, Buffer Composition, and/or Volume |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attach additional pages with sample information as needed

**Services** (check required service(s) and circle preferred options)

|  |
| --- |
| □ Lyophilization |
| □ HPLC | Purification Analytical Fraction collection |
| □ FPLC | *consultation required* |
| □ Enyzmatic digestion | Trypsin (default) Other enzyme (please list) |
| □ Intact Mass Analysis | Expected mass (Da): *consultation recommended* |
| □ LC-MS Protein Identification | Organism:  |
| □ Quantitative Analysis | Label-free Isotopic Label *consultation required* |
| □ PTM Analysis | Expected modification: MW (Da):  |
| Additional comments: |

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