

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

User Information

Name:	PI name:	Date:
Phone:	Address:	Email:
University of Illinois 19 digit FOPAL number:		
Off campus: <i>contact facility to provide credit card information</i>		

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)

<input type="checkbox"/> Lyophilization	
<input type="checkbox"/> HPLC	Purification Analytical Fraction collection
<input type="checkbox"/> FPLC	<i>consultation required</i>
<input type="checkbox"/> Enzymatic digestion	Trypsin (default) Other enzyme (please list)
<input type="checkbox"/> Intact Mass Analysis	Expected mass (Da): <i>consultation recommended</i>
<input type="checkbox"/> LC-MS Protein Identification	Organism:
<input type="checkbox"/> Quantitative Analysis	Label-free Isotopic Label <i>consultation required</i>
<input type="checkbox"/> PTM Analysis	Expected modification: MW (Da):
Additional comments:	