

REQUEST FOR ROBOTIC IN-GEL DIGESTION

Please submit samples to Victoria Clarke (vwraw@uwo.ca, ext.86945) or Kristina Jurcic (kjurcic@uwo.ca, ext.82806), Medical Science Building, Rm. 351 or 352 from 9am to 5pm

Submitter Information

Submitter Name: _____
 Submitter Tel: _____
 Submitter email: _____
 Supervisor: _____
 Department: _____

Billing Information

Bill to: _____
 Address: _____
 PO: _____
 SpeedCode/Grant: _____

Sample Information

Number of Samples: _____ Number of Samples Picked with Spot Picker: _____

Please fill in sample code as is on 96 well digestion plate:

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												

Please circle

Gel type: 1D 2D
 Stain: Coomassie Silver Sypro Other

- Follow Up: 1) Submit to MALDI MS Facility for analysis
- a) Submitter will spot samples
 - b) Include sample spotting by Facility Technician
- 2) Return lyophilized samples to Submitter

Please include an image of your gel with selected spots for digestion.

I have read the guidelines for the sample submission (please sign and date):

 Signature

 Date

For Facility Use:

Date of Digestion: _____	Billing Quarter: _____
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